The Societas Trust

_____ Primary Academy

Medical Conditions Policy

Date of Policy	2026
Reviewed and Agreed by	The Directors' Board
Review Date	8 July 2026
Review Date	16 September 2026
Next Review Date	Autumn 2027

Contents:

Statement of intent

At _____ Primary Academy we place the needs of each individual child at the heart of their learning. This includes children with medical conditions.

The Governing Board 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, in terms of both physical and mental health, 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.

We believe that it is important that parents of pupils with medical conditions feel confident that the setting provides effective support for their children's medical conditions, and that pupils feel safe in the setting's environment.

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

The Children and Families Act 2014, from September 2014, and DfE (2021) Schools Admission Code, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the setting site. This could extend to a need administer medicine.

The setting accepts all employees have rights in relation to supporting pupils with medical conditions as follows:

- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of _____ any concern or matter relating to supporting pupils with medical conditions.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the setting with information. The setting takes advice and guidance from 'Supporting Pupils with Medical Conditions in School' (Department for Education) December 2015 (updated August 2017) provides guidance to schools in relation to medical conditions. Contact details for our School Nursing Service can be obtained from the main office. A copy of this policy is also available upon request.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the setting's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the setting'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.

We aim to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical conditions;
- provide necessary training for setting staff;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with Healthcare Professionals in support of the individual pupil;
- ensure access to full education if possible;
- monitor and keep appropriate records.

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 (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- **[New]** DfE 'Supporting children and young people with medical conditions and allergy'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Pupil Attendance Policy
- Admissions Policy

2. Definition

Pupils' medical conditions may be broadly summarised as being of two types:

a) Short-term:
affecting their participation in activities when they are on a course of medication (for example a short course of antibiotics);

b) Long Term:
potentially limiting their access to educationand requiring extra care and support (deemed **special medical conditions**).
Medication in particular circumstances, such as children with severe allergies who may need an emergency treatment such as adrenaline injection.
Daily medication for a condition such as asthma, where children may have the need for daily inhalers (and potentially additional assistance during an asthma attack).

3. Admissions

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

The school recognises that all children with medical conditions are entitled to a full education and have the same rights of admission to school as others

The school will not ask for prohibited information such as that which relates to a child's disabilities or medical conditions during the application process or before admission. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made

4. Roles and Responsibilities

The Societas Trust and its academies recognise that supporting a child with a medical condition during school hours is not the sole responsibility of one person and that partnership working between staff, healthcare professionals, parents and pupils to ensure that the needs of pupils with medical conditions are met effectively is essential.

The governing board will be responsible for:

- Reviewing this policy alongside the headteacher and school nurse.
- Ensuring that this policy is readily accessible to parents and school staff.
- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.

- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the local authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.
- Ensuring that all staff are aware of this policy and that each member of staff understands their responsibilities in implementing it.
- Ensuring that appropriate consideration is given to the training and awareness required where pupils have specific medical conditions.
- Recognising that any member of staff may be required to provide support in an emergency situation.

  Ensuring that members of staff who are likely to be involved in supporting pupils are aware that an IHP is in place and understand the responsibilities and procedures outlined within it.

- **The Headteacher/Head of School** will be responsible for

- Ensuring that a named governor and senior leader have been appointed to maintain responsibility for this policy.
- Ensuring overall effective implementation of the policy;
- Ensuring that staff are aware of the policy and understand their role in its implementation;
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all Individual Healthcare Plans, including in emergency situations;
- ensuring that Individual Healthcare Plans are reviewed on an annual basis and that all relevant staff in the setting have copies of current Healthcare Plans;
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported;
- Ensuring that staff are appropriately insured and aware of the insurance arrangements;
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified;
- Responding to any concerns from parents or children.
- Liaising with Healthcare Professionals to ensure Healthcare Plans are relevant and accurate according to need.
- Providing support for staff on a day to basis and advice on the administration of medication in liaison with healthcare professionals, including the School Nursing Service.
- Monitoring the administration and storage of medication in the setting to check that policy is being followed.

Any member of staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines.

Staff will be responsible for:

- Being supportive of parents and children with any medical conditions in the setting;
- Familiarising themselves with the Individual Healthcare plan and ensure that it is followed;
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions; (Training for Asthma, Anaphylaxis and Epilepsy is provided on a three yearly cycle. There may also be occasions though where the School Nursing Service will provide further training around a specific medical condition).

- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help;
- Completing medical administration forms to identify medicines administered to children;
- Making reasonable adjustments where necessary, making it possible for children to participate in school life;
- Being encouraged to ask if there is any uncertainty around a child's medical condition;
- Checking expiry dates before the administration of any medication.

The setting can request to receive support from the School Nursing Service.The School Nursing Service will be responsible for:

- Notifying the setting at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in the setting;
- Supporting staff to implement Individual Heathcare Plans and providing advice and training;
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

On occasions a Paediatrician, Consultant or other Healthcare Professional may contact the setting to provide advice around a child's Healthcare Plan.

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at the setting.;
- Providing advice on developing Individual Healthcare Plans;
- Providing support in the setting for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their Healthcare Plan, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

Parents will be responsible for:

- providing the setting with sufficient and up-to-date information about their child's medical conditions. Parents may notify the setting that their child has a medical condition. Parents are a key partner and will be fully involved in the development and review of the child's Healthcare Plan;
- checking that their child's medication is in date and ensure that it is in the setting. For inhalers we suggest the children bring a spare inhaler so that this can be kept in the setting;
- carrying out any action that they have agreed to in the Healthcare Plan e.g., providing medicines and equipment.
- co-operating in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative. The administration of medicine will always be supervised though by an adult in setting;
- ensuring that they, or another nominated adult, are contactable at all times.

5. Identifying medical conditions

The school will establish clear arrangements for identifying pupils who have medical conditions that may require additional support. The school will maintain an up-to-date record of all individuals with medical conditions that may require support, including details of whether an IHP is in place.

The school will also set out arrangements for gathering information about medical conditions before a pupil is admitted to the school. This may include requesting relevant information from the previous setting, such as an existing IHP where one has been implemented.

The school will ensure that parents, and where appropriate the pupil, are asked to provide information about any medical conditions and the impact these conditions may have on the pupil's participation in school life.

For pupils starting at the school, the school will ensure that appropriate arrangements are in place in time for the start of the relevant school term. In situations where a pupil joins the school mid-term, or where a pupil already on roll receives a new medical diagnosis,

the school will make every effort to ensure that appropriate arrangements are put in place as quickly as possible.

The school will ensure that appropriate arrangements are established when a pupil already on roll is diagnosed with a medical condition, develops new medical needs, or where an existing medical condition changes in a way that requires current arrangements to be reviewed.

Where necessary, the school will review support measures and ensure that relevant staff receive appropriate information and training so that the pupil's medical needs can be supported safely and effectively.

6. Staff training and support Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the headteacher through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The governing board will ensure that all staff are aware of this policy and that each member of staff understands their responsibilities in implementing it.

The school will ensure that appropriate arrangements are in place so that all staff, including teaching staff, support staff, supply staff and cover staff, are informed of this policy and understand the procedures to follow when supporting pupils with medical conditions.

Information about the policy and relevant procedures will form part of the school's staff induction process so that new staff are made aware of their responsibilities from the outset of their employment.

The school will also ensure that this policy applies to staff and volunteers involved in extended school provision, including before- and after-school provision. This will include provision delivered directly by the school as well as activities delivered by third-party providers. The school will take reasonable steps to ensure that such providers are made aware of this policy and understand the arrangements in place to support pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

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

The SENDCo/HSLW/ABM will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

The governing board will ensure that appropriate consideration is given to the training and awareness required where pupils have specific medical conditions. The school will assess what training may be necessary to ensure that staff who are likely to be involved in supporting these pupils have the knowledge, skills and confidence to do so safely and appropriately.

This will be particularly important where pupils have less common or more complex medical conditions. In such cases, the school will take reasonable steps to ensure that relevant staff receive suitable information, guidance or training so that they understand the pupil's needs and the procedures to follow.

The governing board will also recognise that any member of staff may be required to provide support in an emergency situation. The school will therefore seek to ensure that staff are aware of the procedures to follow in the event of a medical emergency and understand how to access appropriate assistance when required.

Training will be commissioned by the ABM and may be provided by the following bodies:

- **Commercial training provider**
- **The school nursing team**
- **GP consultant**
- **The parents of pupils with medical conditions**
- **The National College**

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.

The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply 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.
- Covered under the school's insurance arrangements.

Training for staff supporting pupils with IHPs

The school will ensure that any pupil with a medical condition requiring support has an IHP which sets out the arrangements that will be put in place to meet their needs. The governing board will ensure that members of staff who are likely to be involved in supporting the pupil are aware that an IHP is in place and understand the responsibilities and procedures outlined within it.

Where a pupil has an IHP, the plan may identify specific training needs for staff who are involved in providing support. In some cases, relevant healthcare professionals may advise on the type and level of training required, how this training can be obtained, and whether an assessment of competency is necessary. The school will seek to ensure that staff who provide support to pupils with medical conditions are included, where appropriate, in discussions or meetings where the pupil's needs and IHP are developed or reviewed.

The school will maintain arrangements for the training of staff whose role includes supporting pupils with specific medical needs. Training will normally be provided on an annual basis unless healthcare professionals involved in the pupil's care advise that a different frequency is required.

The school will ensure that staff receive appropriate training so that they can:

- Provide the required support safely and effectively, which may include administering prescribed medication or carrying out healthcare procedures in accordance with an IHP.
- Understand the potential risks associated with providing such support.
- Recognise the signs and symptoms associated with the relevant medical condition, understand possible triggers, and appreciate the potential impact on the pupil.
- Understand and implement appropriate preventative measures and emergency procedures, including recognising when a pupil may be at risk and taking the action set out in the IHP.

Training will be sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions and to fulfil the requirements set out in IHPs. Staff will be provided with information about the specific medical conditions they may be required to support, the implications of those conditions, and the preventative and emergency actions they may need to take.

The school recognises that holding a first aid certificate alone does not constitute adequate training for supporting pupils with medical conditions.

7. Procedures for Healthcare Plans

The school will seek to identify all pupils with medical conditions so that the need for an IHP can be considered. The circumstances of this will be discussed with the pupil and their parents. If it is clear that the medical condition will require the school to put supportive arrangements in place, an IHP will be drawn up which specifies these arrangements.

It will not be necessary for a pupil to have a formal diagnosis for them to have an IHP. If it is clear that a pupil has medical needs, arrangements will be put in place to support them, ensure they can engage fully with education, and be included in the life of the school. Such arrangements will be recorded in an IHP.

The school will ensure that pupils with medical conditions receive appropriate support through the use of IHPs where required. An IHP will set out the arrangements that will be put in place to support the pupil while they are in school and will provide clear guidance for staff on how the pupil's medical needs should be managed.

IHPs will be particularly important in certain circumstances, including where a pupil:

- Requires prescribed medication while at school.
- Has a medical condition requiring a personalised care or action plan from a healthcare professional.
- Has a known allergy requiring active management – allergy safety will be handled in accordance with the Allergen and Anaphylaxis Policy.
- Has a medical condition that constitutes a disability requiring reasonable adjustments.

Where a pupil requires prescribed medication in school, the IHP will set out arrangements for administering the medication, relevant healthcare professional contact details, procedures in the event of complications or side effects, and parental consent for administration. Where specific members of staff have been trained to administer medication or provide personalised medical support, they will be identified within the plan along with appropriate cover arrangements.

Where healthcare professionals provide personalised care or action plans, e.g. allergy, asthma, diabetes or seizure management plans, the school will incorporate these into the IHP. Where relevant, the plan will also identify known allergens, risk reduction measures and any prescribed emergency medication, including arrangements for the use of adrenaline auto-injectors.

Where a pupil's medical condition requires reasonable adjustments under equality legislation, the IHP will set out the adjustments required and how they will be implemented.

Examples of situations where an IHP may not be necessary may include:

- **Hay fever (allergic rhinitis)** where the condition can be managed through access to appropriate non-prescription medication in accordance with the school's medical conditions policy.
- **Eczema** where the condition can be managed through the use of appropriate medication. The school will remain mindful that certain activities, such as sand play or swimming, may trigger flare-ups and will take reasonable steps to minimise risks where appropriate.
- **Food intolerances** that can be effectively managed by avoiding specific foods.
- **Mild asthma**, which may be managed through the pupil's Asthma Action Plan and access to their inhaler medication. Pupils with more complex or severe asthma will normally require an IHP.

The headteacher will ultimately decide, in discussion with parents and, where appropriate, relevant healthcare professionals, whether a pupil's medical condition can be managed through the school's general medical conditions arrangements or whether an IHP is required to ensure that appropriate and individualised support is in place.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process

Individual Healthcare Plans will contain the following information:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (its side effects and storage) and other treatments; dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors.
- Specific support for the pupil's educational, social and emotional needs – for example how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies.
- Whether a child can self-manage their medication.
- If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring and supervision.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who in the setting needs to be aware of the child's condition and the support required.

- Arrangements for obtaining written permission from parents/carers and the designated individuals for medicine to be administered by setting staff or self-administered by the pupil;
- Written permission from parents/Carers for medication to be administered by a member of staff, or self-administered by individual pupils during school hours with supervision.
- Separate arrangements or procedures required for trips or other activities outside of the normal timetable that will ensure the child can participate e.g. risk assessment.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact and contingency arrangements.

The flow chart (in Appendix A) outlines how our setting identifies and agrees the support that a child may need when developing a Healthcare Plan.

For some children with a disability which is not a Special Educational Need i.e. a wheelchair user, the above plans will also be put into place to ensure that the building and the curriculum is still accessible.

8. Emergency Healthcare Plans

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the Individual Healthcare Plan in the setting.

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.Individual Healthcare Plans will be easily accessible to those who need to refer to them, but confidentiality will be preserved. They will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the Individual Healthcare Plan will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their Individual Healthcare Plan.

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

IHPs in the long term

The school understands that, as part of wider SEND reforms, the government plans for schools to create digital individual support plans for pupils with identified SEND. Future practice will include the incorporation of IHPs in individual support plans so that pupils will not need two separate documents.

9. Administration of Medication for a Child with a Healthcare Plan

At _____ Primary Academy medication is only administered if it would be detrimental to the child's health or attendance, if this was not administered. Any form of medication will only be administered when written consent has been received by the child's parent(s)/carer (s) either temporary or through a Healthcare Plan.

Where parents have asked the setting to administer prescription medication for their child, this must be in the original container. The prescription, dosage regime, name should be typed or printed clearly on the outside. The name of the pharmacist should also be visible.

Any medications not presented properly will not be accepted staff. _____ Primary Academy will only accept prescribed and non-prescription medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

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

- When it would be detrimental to the pupil's health not to do so as detailed in the individual healthcare plan.
- When instructed by a medical professional.

Pupils should not bring in their own medicine. This should be brought into the setting by the parent and signed in at the office.

Staff should record the administration of the medication on the correct paperwork, including date, time and note any side effects. This will also be countersigned by another adult.

The setting will liaise with the School Health Service for advice about a pupil's special medical conditions, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.

The setting can only administer medication that has been agreed in the Healthcare Plan or if needed on a temporary basis where the procedures for the Temporary Administration of Medication are followed. The exception to this is insulin which must still be in date, but is generally available to schools inside an insulin pen or pump, rather than in its original container.

A child under 16 will not be given medicine containing aspirin unless it has been prescribed by a doctor. Medication (for example for pain relief) will not be administered without maximum dosages being checked and when the previous dose was taken. Parents will be informed if their child has taken pain relief medication (as outlined in their Healthcare Plan).

In some instances a child may refuse to take their medication. When this happens staff will inform parents/carers so that alternative options can be considered. A member of staff will never force a child to take medication.

Where clinically possible, medicines should be prescribed in dose frequencies which enables them to be taken outside setting hours.

All medicines will be stored safely. Children will be told where their medicines are at all times and be able to access them immediately. On trips, the child will know which adult has their (medication) and will always be grouped with the named adult. Individual risk assessments for trips will include the information regarding which adult has the responsibility for those items.

A member of staff will only administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction where appropriate. Any side effects of the medication to be administered at the setting will be noted on the individual Healthcare Plan and parents will be informed.

Medicines will be returned to parents when no longer required to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

*Children with asthma are allowed immediate access to their relevant inhalers when they need them.

10. Procedures for the Temporary Administration of Medication

Short-term medication, such as a course of antibiotics, will normally be managed through the school's temporary medication administration procedures and will not usually require a IHP unless the pupil's medical needs indicate that additional arrangements are necessary. Medication that has been prescribed four times a day can be difficult to administer at home due to the nature of the timings. Where a parent is unable to attend the setting to administer this themselves the setting can administer the lunch time dose if a consent form has been completed. This medication must be in the container that it was prescribed in from the Pharmacy, clearly marked with the child's name, dosage and timings. Temporary medication will be administered byan appropriately trained and authorised member of staff in the Main Office. It also kept in the Main Office.

All requests for temporary administration from parents are considered on an individual basis.

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.

- Non-prescription medicines are licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) for use without a GP prescription. The school will not require parents to obtain a prescription for medicines that are available over the counter.

- Non-prescription medicines may be administered by authorised members of staff or self-administered by pupils, where appropriate, provided that written parental consent has been obtained. Any administration of non-prescription medication will be carried out in accordance with the school's Administering Medication Policy.

- While staff may volunteer to administer medication, they cannot be required to do so. Staff who administer medicines will receive appropriate guidance and support to ensure medicines are administered safely and in accordance with the manufacturer's instructions.

- 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 can be written on the container by an adult if this helps with identification.

Paracetamol

The school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, 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 school 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 school 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.

The 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.

The written consent of parents will be required in order to administer paracetamol to pupils.**Over the counter non-prescription medicine must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. A written record must be made each time a medicine is administered to a child, and inform the child's parents and or carers on the same day, or as soon as reasonably practicable.**

IMPORTANT The first two doses of antibiotics should be administered by parents/carers. If a child was to have a reaction to antibiotics this reaction would occur after the second dose. We will only administer antibiotics on the third dose or after.

11. Medication errors

Types of Medical Errors:

- Forgetting to administer a medication;
- Giving the wrong medication;
- Giving too much or too little medication;
- Giving the medication the wrong way (i.e. via the wrong route);
- Giving the medication at the wrong time or on the wrong day;
- Giving the medication to the wrong pupil.

In the event of an error staff should:

- Stay calm;
- Check all the information again to be clear on what the error is;
- Report the error to a more senior /experienced/first aid trained staff member;
- Ask the senior staff member /first aid trained staff member to come and check the pupil;
- Contact the pupil's parent/carer to inform them of the error and agree next steps;
- Arrange for advice to be sought from the pupil's GP;
- Document the error in the Medication Administration Record;
- Complete an incident report form.

If at any point after the medication has been administered the pupil shows signs of being unwell, staff should call 111 for immediate advice and support.

If the pupil loses consciousness, experiences difficulties breathing, or shows any other signs of serious illness staff should call 999.

- .

12. Staff Medicine

Any medicines brought into school by the staff eg headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the setting.

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

Please refer to the Allergen and Anaphylaxis Policy

14. Asthma Inhalers

Please refer to the Asthma Policy

15. Children's Role in Managing their own Medical Conditions

When writing the Individual Healthcare Plan, the School Nurse, Parents/Carers, the child and designated staff member will identify whether or not the child is competent to manage their own health needs and medicines with supervision (e.g. own application of cream with supervision) and whether or not it is appropriate for them to do so. Self-medication with supervision will only be possible if all signatories of the Healthcare plan are in agreement.

Children will only administer their medicines with an appropriate adult present.

16. 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. Examples of appropriate forms for record keeping can be found in Appendix D and Appendix E.

Records will also be maintained for any serious incidents or near misses relating to medical conditions, including allergic reactions or medication errors.

17.Emergency Procedures

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

Where an IHP is in place, it should detail:

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

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

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

In a life-threatening emergency, any member of staff may take reasonable action to preserve life, including administering emergency medication where appropriate.

18.Defibrillators

The setting has a **Mediana HeartOn A15** automated external defibrillator (AED). It is stored in **the medical room** in an unlocked cabinet. All staff members are 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 setting has been carried out and reviewed annually

No training is 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, staff members are 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 **weekly** basis by **name of designated person**, with a record of all checks and maintenance work being kept up-to-date by the designated person.

19.Day Trips, Residential Visits and Sporting Activities

Children with a medical condition will be supported in order that they participate fully in trips and visits, except where evidence from a clinician, such as a GP, indicates that this is not possible.

The member of staff leading a trip or residential will prepare an individual risk assessment, following the guidelines and information on the child's individual Healthcare plan. In some circumstances this will be shared with the child's parents prior to the trip. The individual risk assessment will contain information regarding specific emergency procedures for the child.

Academy procedures will be followed rigorously on day trips, residential visits and sporting activities. The provider of the day trip/residential visit and sporting activities will also be notified of the specific medical conditions provision.

IHPs will be reviewed prior to trips and visits to ensure appropriate arrangements are in place.

20.Home to School Transport for Pupils Requiring Special Arrangements

Pupils with medical conditions travelling to and from the setting are the responsibility of their parents. Where pupils are using transport provided by the Local Authority, risk assessments will be written and provided to the relevant transport provider. For pupils with life threatening conditions, specific transport healthcare plans will be carried on vehicles.

21.Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Assume that older pupils do not require support related to their medical condition.
- Assume that a pupil does not have a medical condition because a formal diagnosis has not yet been made, for example where medical investigations are ongoing.
- Prevent pupils from easily accessing their inhalers and medication in line with what is agreed in their IHP.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Unreasonably request further medical evidence where sufficient information has already been provided by parents, carers or healthcare professionalsSend pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.

- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Set lower attendance expectations for pupils with medical conditions or place pupils on sustained part-time timetables for medical reasons without appropriate review and reintegration planning.
- Make 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.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Delay responding to a medical emergency or fail to call for assistance.

22.Liability and Indemnity

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

The setting holds an insurance policy with name of policy provider covering liability relating to the administration of medication. The policy has the following requirements:

- **[Outline the requirements of your insurance policy.]**

All staff providing such support will be provided with access to the insurance policies.

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

23.Complaints

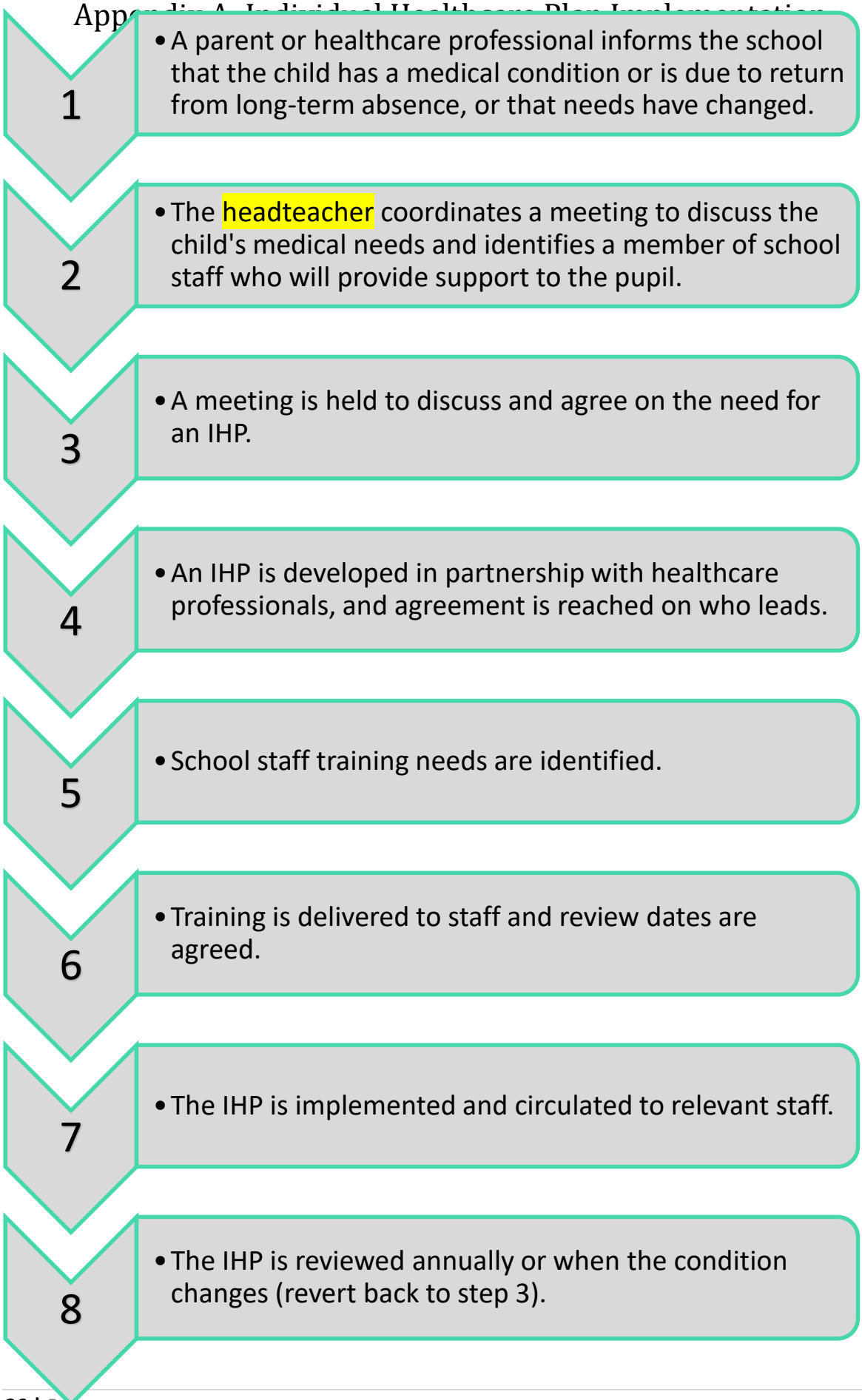
If parents or carers have a complaint about the support provided to their child with a medical condition, they should, in the first instance speak to your child's class teacher and then _____. For further details of our complaints procedure please see the Academy's Complaint's Policy. If the issue remains 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 a legitimate grounds to do so.

24. Monitoring and review

[This policy will be reviewed on an annual basis by the named Trust Board member, named governor and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Appendix A: Individual Healthcare Plan Implementation



Appendix B - Individual Healthcare Plan (IHP)

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:

Parent Name:
Parent Signature:
Date:

Staff Name:
Staff Signature:
Date:

Appendix C - Parental Consent Agreement for the School to Administer Medicine

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	

Medicine

Name of medicine	
Expiry date	
Dosage and method	
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.

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/ Guardian Name:

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 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:

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.
- Your location as follows: **full address of school**.
- The postcode: **school postcode**.
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.

Appendix G - Incident Reporting Form

Date of incident	Time of incident	Place of incident
Name of ill or injured person	**Details of the illness or injury**	**Was first aid administered? If so, give details**
What happened to the person immediately afterwards?	**Name of the first aider**	**Signature of the first aider**