



# Supporting Students with Medical Needs Policy

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## Document provenance

This policy was approved by

Approver: Education Committee

Date of Approval: December 2023

Executive Leadership Team (ELT) Owner:

National Director of SEND and

Date of Review: December 2024

National Director of Safeguarding

*Unless there are legislative or regulatory changes in the interim, this policy will be reviewed annually. Should no substantive changes be required at that point, the policy will move to the next review cycle.*

### Summary of Policy:

This Policy sets out the support offered to those with medical conditions at E-ACT academies and sets out the procedures to be followed for the safe administration of medications, where required.

### Related documents:

- Health and Safety Policy
- Student Mental Health and Wellbeing Policy
- Child Protection and Safeguarding Policy
- Special Education Needs and Disability Policy
- Academy Visits Policy
- Complaints Policy

# Supporting Students with Medical Needs Policy

## Purpose

To ensure students with medical conditions are properly supported, so that they have full access to all education opportunities, including school trips and physical education.

The Academy is committed to ensure that appropriate arrangements are in place in the academy to support pupils at the academy with a medical condition and when required consult with the appropriate health and social care professionals, as well as the students and parents to ensure that the needs of students with medical conditions are properly understood and supported.

## 1. Introduction

1.1. E-ACT is committed to promoting the mental and physical needs of all students and this includes our safeguarding responsibilities of:

- protecting children from maltreatment.
- preventing the impairment of children's mental and physical health or development.
- ensuring that children grow up in circumstances consistent with safe and effective care.
- taking action to enable all children to have the best outcomes.

When supporting a student with a medical need, consideration will always be given to whether there is a link between the medical need and if there is a safeguarding concern for the child. In the event there is a safeguarding need, appropriate action to safeguard the child will be taken.

1.2. E-ACT is committed to ensuring that all students with medical conditions can access and enjoy the same opportunities as any other student and to ensuring that they are able to play a full and active role in academy life, remain healthy and achieve their academic potential.

1.3. E-ACT will ensure that the academy implements and maintains an effective management system for the administration of medicines to all students in its care to ensure that appropriate support is provided to individual students with medical needs.

1.4. E-ACT will comply with the SEND code of practice for students who have medical conditions that require EHC plans.

### 1.5. Scope

1.5.1. This policy applies to all E-ACT staff (including volunteers, agency, or temporary staff), students and parents/carers.

1.5.2. This policy applies at all times when the student is in or under the care of the academy, that is:

- 1.5.2.1. in or at the academy;
- 1.5.2.2. on academy trips or visits;
- 1.5.2.3. at an academy sporting event.

1.5.3. This Policy shall also always apply to students and places in circumstances except when where failing to apply this policy may:

- 1.5.3.1. affect the health, safety, or well-being of a member of the academy community or a member of the public; or
- 1.5.3.2. have repercussions for the orderly running of the academy.

1.5.4. E-ACT has the appropriate levels of insurance in place for undertaking basic medical procedures and administration of medication subject to adherence with the statutory guidance stated within this policy.

1.5.5. Consideration is given to the Public Health Agency *Guidance on Infection Control in Schools and other Settings*<sup>1</sup> for information and guidance on skin rashes and infections, diarrhea, and vomiting illness, respiratory and other infections, together with general guidance for good hygiene practices, injuries and bites, pregnancy, and immunisations. Consideration is also given to the UK Health Security Agency *Infection prevention and control (2022)* <sup>[OB]</sup>.

## 1.6. Publication

1.6.1. This Policy is published on the academy website.

1.6.2. In addition to publishing a link to this policy, the academy must publish key contact details for parents/carers so they can easily get in touch about their child's medical needs. This should be located on the academy website within 'Student Support: How we support our students.'

## 2. Legislation and Regulation

2.1. This policy is issued with due regard to the Children and Families Act 2014 (Section 100), which places a duty on E-ACT to make arrangements for supporting students at their academy with medical conditions.

2.2. This policy is in line with the Department for Education (DfE, 2015) Supporting pupils at school with medical conditions<sup>2</sup> and will be reviewed against any revised recommendations.

2.3. This policy is also in line with:

- 2.3.1. Statutory Framework for the Early Years Foundation Stage;
- 2.3.2. Education (Independent Academy Standards) Regulations 2014;
- 2.3.3. Education and Skills Act 2008;
- 2.3.4. Children Act 1989;
- 2.3.5. Childcare Act 2006;
- 2.3.6. Equality Act 2010;
- 2.3.7. Human Medicines Regulations 2012;
- 2.3.8. Data Protection Act 2018 and UK GDPR.

2.4. This Policy has regard to the following guidance and advice:

- 2.4.1. [Supporting pupils at academy with medical conditions \(DfE, December 2015\)](#);
- 2.4.2. [Automated external defibrillators \(AEDs\): a guide for schools \(DfE, October 2019\)](#);

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<sup>1</sup> [https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

<sup>2</sup> <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

- 2.4.3. [Guidance on the use of emergency salbutamol inhalers in schools \(Department of Health, March 2015\);](#)
- 2.4.4. [Guidance on the use of adrenaline auto-injectors in schools \(Department of Health, September 2017\);](#)
- 2.4.5. [First aid in schools, early years and further education \(DfE, February 2022\);](#)
- 2.4.6. [Mental health and behaviour in schools: departmental advice for academy staff \(DfE, November 2018\);](#)
- 2.4.7. [Medical conditions at academy \(Health Conditions in Schools Alliance\);](#)
- 2.4.8. [Health protection in schools and other childcare facilities \(Public Health England, March 2019\).](#)

### 3. Definitions

3.1. Where the following words or phrases are used in this Policy:

- References to the **E-ACT** are references to the Trust Board and the Executive Leadership Team.
- References to an **IHCP** are to an Individual Healthcare Plan, being an agreement between parents, the academy and healthcare professionals about what care a child need and how it will be carried out.
- References to **Parent** or **Parents** means the natural or adoptive Parents of the student (irrespective of whether they are or have ever been married, with whom the student lives, or whether they have contact with the student) as well as any person who is not the natural or adoptive Parent of the student, but who has care of, or Parental responsibility for, the student (e.g. foster carer/legal guardian).
- References to **school days** mean Monday to Friday when the academy is open to students during term time. The dates of the term are published on the academy website. A school day also applies where a student is on site at the academy for additional intervention sessions such as weekend classes or holiday classes.
- References to an **IHCP Lead** are to the academy leader designated to coordinate/review the Individual Healthcare Plans and the academy medical register (including students with asthma and at risk of anaphylaxis).

### 4. Accountability and Responsibility statement and allocation of tasks

4.1. E-ACT has overall accountability for all matters which are the subject of this policy.

4.2. To ensure the efficient discharge of its responsibilities under this policy, the E-ACT has allocated the following tasks:

Task	Allocated to	When/frequency of review
Accountable for formal policy review	E-ACT	Annually
Accountable for keeping the policy up to date and compliant with the law and best practice	E-ACT	As required, at least annually
Accountable for the implementation of the policy and evaluate effectiveness	EDs/Trust Safeguarding Team	Annual Safeguarding Review

Accountable for monitoring the systems and processes of supporting students with medical needs to identify whether review or change is needed	Headteacher	As required, at least termly
Accountable for ensuring that sufficient numbers of trained staff are available, informed and supported to support students' medical needs at all times whilst they are under the care of the academy, including making contingency plans for staff absence and emergency situations	Headteacher	As required
Accountable for ensuring that information regarding an individual student's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need-to-know basis	Headteacher	As required
Accountable that risk assessments take into account the additional risks posed to individual students as a result of their medical conditions	Headteacher	As required
Accountable for seeking input from interested groups (such as students, staff, parents/carers) to consider improvements to the academy's processes under the policy	Headteacher	As a minimum annually
Responsibility for maintaining and updating records of all information created in relation to the policy and its implementation as required by the UK GDPR (including IHCPs and academy medical register)	IHCP Lead	As required, at least termly

4.3. The Headteacher's accountabilities for monitoring the systems and processes of supporting students with medical needs at the academy includes:

4.3.1.ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and medical/support materials required to assist students with medical conditions.

4.3.2.ensuring that sufficient numbers of trained staff are available to support students' medical needs at all times whilst they are under the care of the academy, including making contingency plans for staff absence and emergency situations.

4.3.3.seeking the advice and guidance of relevant healthcare professionals.

4.3.4.ensuring that information regarding an individual student's medical condition is shared with appropriate staff (including volunteers, agency, or temporary staff where appropriate) on a need-to-know basis.

4.3.5.ensuring that risk assessments consider the additional risks posed to individual students as a

result of their medical conditions.

4.3.6.the overall development and monitoring of IHCPs at the academy.

4.4. The Headteacher may delegate the responsibilities of these duties as appropriate to the IHCP Lead and other members of staff who have received training in accordance with this policy.

## **5. Supporting students with medical needs**

5.1. At E-ACT we want to ensure that all of our students in the academy receive the same level of care in relation to their emotional and physical needs, including those children who have particular medical needs. We want parents to be assured that their children's health will be well-looked after at the academy, and this policy sets out the steps that the academy will take to support children with medical needs.

5.2. If the student's medical needs cannot be met, the academy will meet with the relevant healthcare professionals and parents to discuss the next steps.

### **5.3. Liaising with parents/Information sharing**

5.3.1.The academy must promote ongoing communication with parents to ensure that the specific medical needs of all students in our care are known and met. Students should not be given any absolute assurances of privacy (i.e., as a result of safeguarding concerns) but information will only be shared on a need-to-know basis with consideration for Gillick competency and Fraser guidelines<sup>3</sup>.

5.3.2.Parents must inform the headteacher (or the delegated IHCP Lead) if their child has or develops a medical condition and, where appropriate, provide the academy with appropriate medical evidence and/or advice relating to their child's medical condition.

5.3.3.Where appropriate, parents will be invited to consult with the academy and relevant healthcare professionals to produce an IHCP for their child. A template letter to parents can be found in Appendix 1.

5.3.4.Parents should also inform the headteacher (or the IHCP Lead) in writing where their child will require either prescription or non-prescription medication to be taken at the academy and of any changes to the medication required.

5.3.5.E-ACT requests that medication is only taken at academy if it is essential, that is where it would be detrimental to the student's health not to administer the medication during the academy day. Where possible, medicines should be taken at home, before and after attending the academy.

5.3.6.Unless in exceptional circumstances, staff at the academy will not administer any medication to a student without obtaining prior written permission from his or her parents. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence. In such circumstances, staff will explain to students the importance of information sharing as set out in 5.2.1 above.

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<sup>3</sup> <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>

5.3.7. For early years' foundation stage (EYFS) students, staff will ensure that parents are informed in writing on the same day (or as soon as reasonably practicable thereafter) of every occasion that medication is administered, or has not been administered, with an explanation as to why.

#### **5.4. Individual Health Care Plans (IHCPs)**

5.4.1. The academy will focus on the needs of each individual student and how their medical condition impacts on their academy life, including how the medical condition impacts on a student's ability to learn and their well-being and will take steps to help increase their confidence and ability to self-care.

5.4.2. Where a student has long-term or complex medical condition or health needs, the academy will, where appropriate, produce an IHCP for that student. A template IHCP is set out in Appendix 2. In line with 2.4.1, the academy, healthcare professionals (where applicable) and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate (e.g., some students with asthma). If consensus cannot be reached, the Headteacher is best placed to take a final view.

5.4.3. The IHCP will be prepared following consultation with the parents, the student (where appropriate) and academy nurse and/or any other relevant healthcare professionals.

5.4.4. Where appropriate, the IHCP should be linked with a student's Education, Health, and Care Plan (EHCP). Where a student has SEN (Special Educational Needs) or a disability but does not have an EHCP, their SEN or disability should be mentioned in their IHCP.

5.4.5. The IHCP will be presented to the parents for approval in writing prior to its implementation to ensure the academy holds accurate information about the medical condition of any student.

5.4.6. Once the IHCP is approved the Headteacher (or the delegated IHCP Lead) will be responsible for its maintenance and implementation.

5.4.7. The IHCP will be reviewed at least annually or more frequently where a student's needs change. Parents must inform academies of new or changing medical needs of their child so that such reviews can happen quickly where circumstances change.

#### **6. Administering medicines**

6.1. Where a student requires supervision to take their medication or where such medication will be administered by staff, students receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.

6.2. With the exception of insulin, which may be provided in an insulin pen or pump, all medicines supplied to the academy by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Staff administering medication will check the student's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time/frequency of administration, any side effects, and the written instructions on the container before providing the medicine to the students.

6.3. Staff administering medicines must be supervised by another member of staff who will check all details set out in 6.2 above. Supervision applies for administration in relation to blood glucose



monitoring.

6.4. If staff are in any doubt over the procedure to be followed, the parents will be contacted before action is taken.

6.5. If a student refuses their medication, staff will record this and report it to parents as soon as possible.

#### **6.6. Medical records and consent**

6.6.1. Parents of all students at the academy are required to complete the relevant parental agreement to administer medicine at Appendix 4 and/or Appendix 5 before medication is administered to their child.

6.6.2. Staff administering medicines will sign the records at Appendix 6 each time a medicine is administered. Written records of all medication administered to every student are retained by the academy and relevant records can be provided, subject always to the law on data protection, to parents on request. These records are regularly reviewed by the Headteacher termly with Appendix 6 and Appendix 7 (overview of students receiving medication) signed to confirm this.

#### **6.7. Prescription and non-prescription medication**

6.7.1. As a general rule, staff will not administer any medication that has not been prescribed for that particular student by a doctor, dentist, nurse or pharmacist.

6.7.2. The academy will hold and store emergency AAI (adrenalin auto-injectors), and, if a student has been identified as at risk from anaphylaxis as per their IHCP, an appropriately trained member of staff will administer the student's own AAI (or the emergency AAI if the student's is not available).

6.7.3. Staff may only administer certain non-prescription medication such as pain and fever relief if the parents have already provided their written consent for this to happen in relation to specific medicines and only if there is a health reason to do so. Parents will be asked to sign Appendix 5 to confirm their agreement to staff administering such medication and to confirm that the student has not suffered an adverse reaction to the medication in the past. Parents must inform the academy if they no longer agree to the academy administering.

6.7.4. No student shall be given medicine containing aspirin unless prescribed for that particular student by a doctor.

#### **6.8. Self-medication**

6.8.1. E-ACT recognises that students should be allowed to carry their own medicines and relevant devices (such as inhalers and AAIs), wherever possible or should be able to access their medicines for self-medication quickly and easily.

6.8.2. Following consultation between the academy, parents and the student, a student will be permitted to store and carry their own medication if in the opinion of the Headteacher/IHCP Lead or relevant medical professional they are sufficiently competent to do so. This will be reflected in a student's IHCP.

6.8.3.The academy will also consider the safety of other children and medical advice from the prescriber in respect of the student in reaching this decision.

6.8.4.Students will be made aware the medication is strictly for their own personal use and it should not be passed to any other students under any circumstances and to do so is a breach of academy rules. Where a student self-administers as agreed in their IHCP, they will inform a relevant member of staff (e.g., tutor, class teacher, first aider etc).

## **6.9. Storage of medication**

6.9.1.Medicines are always securely stored in accordance with individual product instructions.

6.9.2.The academy will carry out a risk assessment to consider any risks to the health and safety of the academy community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

6.9.3.All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

6.9.4.Emergency medication such as inhalers and AAI's will be kept in a designated location (that will be clearly stated on the student's IHCP), clearly marked, and if kept in a box or cupboard this must not be locked in order to allow immediate access. In the case of medication, which is not required in an emergency, the student will be told where their medication is stored and who holds the key (including the back-up/spare).

6.9.5.Students who do not carry and administer their own medication understand which members of staff will administer their medication.

6.9.6.If a student is prescribed a controlled drug, unless otherwise agreed as part of an IHCP, it will be kept in safe custody in a locked, non-portable container and only named staff and the student will have access. A record of any doses used, and the amount of the controlled drug held at the academy will be maintained in accordance with the template at Appendix 6 with the Headteacher accountable and responsible for ensuring this is the case.

6.9.7.For students who are permitted to access a controlled drug on site as per their IHCP and medical advice they will be advised that it is an offence to pass the drug to any other person for use.

6.9.8.Parents should collect all medicines belonging to their child at the end of each term and are responsible for ensuring that any date-expired medication is collected from the academy.

## **6.10. Emergencies**

6.10.1. In the event of an emergency related to the administration of medicine, a designated trained staff member (as identified on academy website in line with 1.5.2) should be called as soon as possible, if not already present. If it is determined that they are unable to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not, however, affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should always dial 999 for the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the academy's site.

6.10.2. Parents authorise the Headteacher to consent on their behalf to the student receiving emergency medical treatment where certified by an appropriately qualified person as necessary for the student's welfare and if parents cannot be contacted in time.

6.10.3. A checklist for contacting the emergency services can be found in Appendix 8.

## **7. Access to external medical services**

7.1. Students have access to local medical, dental, optometric, and other specialist services or provision, as necessary.

7.2. Should there be a concern that a student is not being supported to access external medical services as a result of potential neglect then the academy's Child Protection and Safeguarding Policy will be applied.

7.3. Written permission/evidence for external medical services will be required by the academy.

## **8. Automated external defibrillators (AEDs)<sup>4</sup>**

8.1. The academy's AED(s) is /are located in the main corridor outside the Executive Headteacher's office and in the Nursery building by the lift.

8.2. The AED should only be used where a person is in cardiac arrest. It should not be used where a person is conscious, breathing and / or his or her heart is still beating.

8.3. If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR. If possible, a member of staff who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step-by-step instructions on the AED.

8.4. The person administering the AED should ensure that the area around the casualty is clear before administering the AED. They should then stay with the casualty until the emergency services arrive.

## **9. Asthma registers and emergency inhalers**

9.1. The other requirements of this Policy apply to emergency inhalers, including but not limited to appropriate training, use, supply, storage, care, disposal and record keeping.

9.2. The Headteacher (via the IHCP Lead) is accountable for ensuring that the Department of Health (DH 2015) *Guidance on the use of emergency salbutamol inhalers in schools*<sup>5</sup> (Inhalers Guidance) is properly implemented and followed.

9.3. General information on how to recognise and respond to an asthma attack is contained in the guidance referred to in the Inhalers Guidance as above.

9.4. The academy (via the IHCP Lead) is responsible for restocking emergency inhalers (which may be bought without prescription). There is no prescribed amount, and it will depend on practice and the size of the academy. An emergency inhaler may be used if a student's prescribed inhaler is not

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<sup>4</sup><https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>

<sup>5</sup><https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

available (for example, because it is broken, or empty) or in the event of an asthma attack.

- 9.5. Only students who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler. The academy will maintain an up-to-date register of students who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly (at least termly) to take into account students' changing asthma care needs. A copy of the register is to be stored with the emergency inhalers.
- 9.6. Parents are to notify the academy as soon as possible that a particular student has been diagnosed with asthma and / or has been prescribed a reliever inhaler. Notification should be accompanied by a completed consent form signed by the parents in the form set out at Annex A of the Inhalers Guidance (a copy of which is available from the academy on request). Completed consent forms should be stored on the student's file and, where appropriate, the IHCP updated accordingly.
- 9.7. If an emergency inhaler is used by a student, the academy will notify the parents as soon as possible.
- 9.8. Emergency inhalers are also to be stored, cared for, and disposed of in accordance with Part 3 of the guidance.

## 10. Adrenaline auto-injectors<sup>6</sup>

- 10.1. General information on how to recognise and respond to an anaphylaxis is contained in the Guidance on use the adrenaline auto-injectors in academies<sup>6</sup>.
- 10.2. Delays in administering AAI's have been associated with fatal outcomes. **AAI's MUST be administered without delay** to students if there are **ANY signs of anaphylaxis present** to those students who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAI's have been provided.
- 10.3. **Academy staff must always call 999 and request an ambulance if an AAI is used** and keep a detailed record including where the reaction took place and how much medication was given. The parents should be informed as soon as possible.
- 10.4. The Headteacher (via the IHCP Lead) is accountable for ensuring that the Guidance on the use of adrenaline auto-injectors in academies<sup>6</sup> (**the AAI Guidance**) is properly implemented and followed.
- 10.5. AAI's are to be stored, cared for and disposed of in accordance with Part 3 of the AAI Guidance and the other requirements of this policy apply to AAI's, including but not limited to appropriate training, use and record keeping.
- 10.6. The academy (via the IHCP Lead) has responsibility for restocking AAI's (which may be bought without prescription). There is no prescribed amount, and it will depend on practice and the size of the academy. The academy will check the stock on a monthly basis to ensure that the AAI's are present and in date and that replacement AAI's are obtained in good time.

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<sup>6</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

- 10.7. Spare emergency AAI should only be used on students who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent from parent/carer for the use of emergency AAI have been provided.
- 10.8. The academy (via the IHCP Lead) will maintain an up-to-date register of students at risk of anaphylaxis this includes students who have been prescribed an AAI and those who have been provided with a medical plan confirming this, but who have not been prescribed AAI and in respect of whom parental consent to the use of the spare AAI has been obtained. The register should be reviewed regularly (at least termly) to take into account pupils' changing needs. A copy of the register is to be stored with the spare AAI.
- 10.9. Parents are to notify the academy as soon as possible that a particular student is at risk of anaphylaxis and in that case provide their consent to use the spare emergency AAI. Completed consent forms should be stored on the student's file and, where appropriate, the IHCP updated accordingly.

## **11. Off-site visits and sporting events**

- 11.1. Please refer to the E-ACT Academy Visits Policy.
- 11.2. The academy actively supports all students with medical conditions to access and enjoy the same opportunities at the academy as any other student, which includes ensuring that they are able to take an active role in academy trips and sporting activities, unless it is contraindicated by a medical professional involved in a student's care (such as their GP (General Practitioner)).
- 11.3. If a student attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.
- 11.4. All students requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled.
- 11.5. Secure storage for medicines will be available at all short-term accommodation used by the academy.

## **12. Unacceptable practice**

- 12.1. Staff should use their discretion and training with regards to each individual student's medical needs, by reference to their IHCP and / or EHCP, as appropriate.
- 12.2. However, staff should be aware that the following practices are generally unacceptable:
  - preventing access to medication and relevant devices (such as inhalers), where this is reasonably required.
  - assuming that all students with the same conditions require the same treatment.
  - frequently sending students with medical conditions home or preventing them from taking part in normal academy activities, unless this is provided for in their IHCP or by their medical

advisors.

- sending unwell students unaccompanied to the academy office or medical room.
- penalising students for their attendance record, if their absences are related to their medical condition (e.g., hospital appointments).
- preventing students from drinking, eating, or taking toilet or other breaks when required to enable them to manage their medical condition effectively.
- requiring parents, or otherwise making them feel obliged, to attend the academy to administer medication or otherwise provide medical support to their child during the academy day.
- preventing students from participating in or creating unnecessary barriers to children participating in all aspects of academy life.

### 13. Training

- 13.1. In line with the E-ACT Health & Safety Policy, first aid can only be given by a trained first aider (appropriate training delivered by a competent training provider<sup>8</sup>) or a medically qualified person. Only a first aider or the injured person can apply a plaster or bandage.
- 13.2. The academy will ensure that there are an appropriate number of staff trained to administer first aid and medication based on a careful risk assessment of student numbers, student medical needs, provision for unstructured time, additional provision including breakfast club, trips & visits, and extra-curricular activities.
- 13.3. The Headteacher (via the IHCP Lead) is accountable for the administration of medicine and the arrangements for students with medical conditions within the academy. They will delegate duties as appropriate to other members of staff who have received appropriate training in order for them to complete their duties. These will be set out as per 1.5.2.
- 13.4. The Headteacher will ensure that all staff are supervised where appropriate. Any staff responsible for the administration of medicine will have access to students' IHCPs.
- 13.5. Relevant members of staff will receive appropriate training and support from a qualified health professional, including training on the side effects of medication and what to do if they occur. If the administration of medication involves technical, medical, or other specialist knowledge, appropriate individual training tailored to the individual student will be provided to appropriate staff by a qualified health professional (i.e., blood glucose monitoring/AAls etc.).
- 13.6. A template for providing written confirmation that the member of staff is proficient in the procedure is available in Appendix 3.
- 13.7. Staff must not give prescription medicines or undertake health care procedures without appropriate training. For the avoidance of doubt a first aid certificate does not constitute appropriate training in supporting students with medical conditions for all circumstances.
- 13.8. All staff will be made aware of the terms of this policy and the academy's arrangements for supporting students with medical conditions and their role in implementing the terms of this Policy. This includes what to do in an emergency and who the designated staff are.
- 13.9. The academy has additional awareness training in place to deal with common medical

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<sup>8</sup> <https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

conditions such as anaphylaxis, asthma, epilepsy, and diabetes.

- 13.10. The academy is required to either adopt the Medical Conditions at academy guidance and protocols or have their own drafted by a medical professional and have these approved by the Education Director.
- 13.11. All new starters will be made aware of the terms of this policy and appropriate protocols during their induction.

#### **14. Risk assessment**

- 14.1. Where a concern about a student's welfare is identified, the risks to that student's welfare will be assessed and appropriate action will be taken to reduce the risks identified.
- 14.2. The format of risk assessment may vary and may be included as part of the academy's overall response to a welfare issue, including the use of individual student welfare plans (such as behaviour, healthcare, and education plans, as appropriate). Regardless of the form used, the academy's approach to promoting student welfare will be systematic and student focused.
- 14.3. The Headteacher has overall accountability and responsibility for ensuring that matters which affect student welfare are adequately risk assessed and for ensuring that the relevant findings are implemented, monitored and evaluated.
- 14.4. Day-to-day responsibility to carry out risk assessments under this policy will be delegated by the Headteacher to staff who have been properly trained in, and tasked with, carrying out the particular assessment.
- 14.5. Where the medical condition could give rise to potential safeguarding concerns, the Academy's Child Protection and Safeguarding Policy will be followed as appropriate. Staff are particularly reminded to be alert to indicators of physical/sexual abuse, sexual violence, and female genital mutilation where in each case there are specific reporting procedures in place in accordance with the academy's Child Protection and Safeguarding Policy.

#### **15. Record keeping**

- 15.1. All records created in accordance with this policy are managed in accordance with the academy's policies that apply to the retention and destruction of records.
- 15.2. Staff administering medicines will complete and sign the records at Appendix 6 each time a medicine is administered. These records should also be uploaded to CPOMS, and also located where staff can retrieve the medical data quickly in an emergency. This also includes being able to retrieve records, when the student is offsite, e.g. curriculum trip.
- 15.3. Written records of all medication administered to every student are retained by the academy and relevant records can be provided, subject always to the law on data protection, to parents on request. These records are regularly reviewed by the Headteacher.
- 15.4. The records created in accordance with this policy contain personal data. The academy has a number of privacy notices which explain how the academy will use personal data about students and parents. The privacy notices are published on the academy website. In addition, staff must ensure that they follow the academy's data protection policies and procedures

when handling personal data created in connection with this Policy.

## **16. Complaints**

- 16.1. If parents or students are dissatisfied with the medical support provided at the academy, they should raise these in the first instance with the Headteacher.
- 16.2. If the Headteacher cannot resolve the issue, then a formal complaint can be raised via the Complaints Policy.

## **17. Review**

- 17.1. This Policy will be reviewed annually. The Headteacher must review the information supporting this Policy (website, procedures, etc.) annually to ensure that it is up-to-date and accurate.



## APPENDIX 1

Dear Parent/Carer/Guardian

### Developing an Individual Healthcare Plan for [name of student]

Thank you for informing us of [name's] medical condition. I enclose a copy of the academy's policy for supporting students at academy with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support your child needs and how this will be provided. Individual healthcare plans are developed in partnership between the academy, parents, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in academy life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for [00-month year]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people].

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [• or another member of staff involved in plan development or student support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

- [Name]
- [Position]
- [Academy Name]
- [email]



Who is responsible for providing support in academy	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by / self-administered with / without supervision

--

Daily care requirements

--

Specific support for the student's educational, social, and emotional needs

--

Arrangements for academy visits / trips etc.

--

Other information

--

Describe what constitutes an emergency, and the action to take if this occurs

--

Who is responsible in an emergency (state if different for off-site activities)

--

Plan developed with

--

Student's views

--

Staff training needed / undertaken – who, what, when

NOTE: If IHCP includes a decision for students to self-administer their medication then they have been reminded to inform an agreed member of staff when they have completed this.

Parental Signature and Date

Form copied to

Name

**APPENDIX 3: Staff training record: administration of medicines**

Name of academy	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature .....

Date .....

**I confirm that I have received the training detailed above.**

Staff signature .....

Date .....

Suggested review date .....

## APPENDIX 4: Parental agreement for setting to administer medicine

The academy will not give your child medicine unless you complete and sign this form, and the academy has a policy that the staff can administer medicine.

Date for review to be initiated by		
Name of academy		
Name of child		
Date of birth		
Group / class / form		
Medical condition or illness		
<b>Medicine</b>		
Name / type of medicine (as described on the container)		
Expiry date		
Dosage and method		
Timing		
Special precautions / other instructions		
Are there any side effects that the academy needs to know about?		
Self-administration	Yes	No
Procedures to take in an emergency		
<b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>		
<b>Contact details</b>		
Name		
Daytime telephone number		
Relationship to child		
Address		
I understand that I must deliver the medicine personally to	[• agreed member of staff]	

The above information is, to the best of my knowledge, accurate at the time of writing and I give

consent to Academy staff administering medicine in accordance with the academy's policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) .....

Date .....

**APPENDIX 5: Parental agreement to administer non-prescription medication**

I agree with the academy administering the following non-prescription medicines, which may be reasonably required to be administered to my child for health reasons from time to time.

*[Insert details of non-prescription medications held and administered at the Academy - e.g.]*

• Paracetamol	Yes	No
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I confirm that my child has not suffered an adverse reaction to the above-mentioned medications in the past.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the academy's staff administering medicine in accordance with the academy's policy. I will inform them immediately, in writing, if there is any change.

Signature(s) .....

Date .....



**APPENDIX 6: Records of Administration of Medication: Individual Child**

**Academy:**

**Childs Name:**

**Year/Class:**

Date	Medication	Expiry Date	Method	Dosage	Time	MOS Name	MOS Signature	Countersignature


Term 1	Term 3	Term 5
Signature (Headteacher): [OBJ]      Date:	Signature (Headteacher): [OBJ]      Date:	Signature (Headteacher): [OBJ]      Date:

**APPENDIX 7: Records of Administration of Medication: Overview**

Name of Academy:

Childs Name	Medication	Expiry Date	Method	Dosage	Time/Frequency


Term 1	Term 3	Term 5
Signature (Headteacher): [OBJ]      Date:	Signature (Headteacher): [OBJ]      Date:	Signature (Headteacher): [OBJ]      Date:

## **APPENDIX 8: Contacting emergency services**

**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.**

- your telephone number/s
- your name
- your location as follows [academy address]
- state what the postcode is - please note that postcodes for satellite navigation systems may differ from the postal code
- provide the exact location of the student
- provide the name of the child and a brief description of their symptoms
- inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.

**Put a completed copy of this form by the phone.**