DND Learning Trust

Durham and Newcastle Diocesan Learning Trust (DNDLT)
Company Number 10847279

Supporting Pupils with Medical Conditions Policy

“Every child matters and no child is ever left behind..."

"Let the little children come to me, and do not stop them;
for it is to such as these that the kingdom of God belongs."
Luke 18:15-17

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Vision Statement

"Every child matters and no child is ever left behind"

Let the children come to me, and do not stop them; for it is to such as these that the kingdom of God belongs.

Luke +

At the DNDLT we believe everyone in our Trust is a child of God, adults and children alike. Every individual and every school matters, all are valued and celebrated, and no one should be left behind.

As a Diocesan Trust of the Dioceses of Newcastle and Durham we are here to serve children, and schools of all faiths and none. We welcome both Church of England and Community Schools to join us to serve our communities in the North East of England as part of our Trust family whilst remaining unique and distinct within their local context.

The Durham and Newcastle Diocesan Learning Trust (the Trust) is a place where we strive for the best outcomes for our children and staff. We work hard to achieve equity and flourishing for everyone. We want our staff and children to feel valued and celebrated given the opportunity to innovate and reach their full potential. We want our schools to be at the heart of their communities serving them in the way they know best, knowing they will be supported, encouraged and affirmed by a dedicated and specialist team

Statement of intent

The Trust and each school have 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.

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

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases. In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

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

1. Legal framework

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

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

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Attendance and Absence Policy
- Allergy Safety and Anaphylaxis policy
- Admissions Policy

2. Roles and responsibilities

The Local Academy Council will be responsible for:

- 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 Trust, 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 Local Academy Council 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 will be responsible for:

- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- 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.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.
-

Pupils will be responsible for:

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

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The school nurse service will be responsible for:

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

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 school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

3. Admissions

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

5. 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 school nurse through the development and review of IHPs, on a regular basis for all school staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in the provision of medical support. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The Local Academy Council 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 school nurse 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 Local Academy Council 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 Local Academy Council 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.

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

Supply 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.

6. 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. Individual 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 Allergy Safety 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 this 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.
IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication

- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

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. An overview of the IHP implementation procedures is at appendix 5 and example IHP and letter to parents at appendices 6 and 7.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. Where a pupil has an EHC plan, the IHP 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 IHP.

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

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

8. 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. Managing medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Where a pupil requires medication during the school day, arrangements for administering medication will be recorded in the pupil's IHP.

Pupils will not be given prescription or non-prescription medicines without their parents' written consent.

Non-prescription medicines may be administered in line with appendix 10 in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed. Further details on administering non-prescription medication is at appendix 10.

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

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

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

The school is not required to do so but may choose to hold spare asthma inhalers for emergency use with written parental consent.

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

10. Non-prescription medicines

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 where appropriate, provided that written parental consent has been obtained. Any administration of non-prescription medication will be carried out in accordance with appendix 10.

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.

11. Self-management

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

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

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

12. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix 3 and Appendix 4.

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

13. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.
Where an IHP is in place, it should detail:

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

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.

Specific emergency procedures and procedures in the event of certain conditions are set out in appendix 1.

14. Day trips, residential visits and sporting activities

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

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

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

15. Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- 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 professionals.
- Send 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 rest, 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.

16. Liability and indemnity

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

The school holds insurance equivalent cover with the DfE risk protection arrangement (RPA) covering liability relating to the administration of medication.

All staff providing such support will be provided with access to the RPA rules and scheme on request.

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

17. Complaints

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

18. Home-to-school transport

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

18. Defibrillators

The school has an automated external defibrillator (AED). The AED will be stored in an appropriate and accessible place in line with the user manual.

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

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be 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.

Checks will be undertaken on AEDs in line with the AED user manual.

19. Monitoring and review

This policy will be reviewed annually.

Appendix 1

Emergency Procedures

Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number.
2. Give your location as follows.
3. State the postcode.
4. Give exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
9. Do not hang up until the information has been repeated back to you.
10. Ideally the person calling should be with the child, as the emergency services may give first aid instruction.
11. Never cancel an ambulance once it has been called.

Speak clearly and slowly

Insert school address and postcode

Put a completed copy of this form by phones around the school

Asthma Emergency Procedures

Common signs of an asthma attack:

- coughing
- shortness of breath
- wheezing
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

- keep calm
- encourage the pupil to sit up and slightly forward – do not hug them or lie them down + make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer + ensure tight clothing is loosened
- reassure the pupil.

If there is no immediate improvement

- Continue to make sure the pupil takes two puffs of reliever inhaler every two minutes for five minutes or until their symptoms improve.

- **999**

Call an ambulance urgently if any of the following:

- the pupil's symptoms do not improve in 5–10 minutes
- the pupil is too breathless or exhausted to talk
- the pupil's lips are blue
- you are in any doubt.

Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send a pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents/carers immediately after calling the ambulance.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
- Generally, staff should not take pupils to hospital in their own car.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Anaphylaxis Emergency Procedures are set out in the Allergy Safety and Anaphylaxis policy, an overview is below.

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these.

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Do…

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

Airway:

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

Breathing:

- Difficult or noisy breathing
- Wheeze or persistent cough

Consciousness:

- Persistent dizziness
- Becoming pale or floppy
- Suddenly sleepy
- Collapse
- unconscious

Do . . .

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised (if breathing is difficult allow child to sit) and provide reassurance
2. Use Adrenaline autoinjector* without delay (administer the pupil's own AAI if available, if not use the spare AAI)
3. Dial 999 to request ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

- ***** IF IN DOUBT, GIVE ADRENALINE *****

- After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up (standing someone up with anaphylaxis can trigger cardiac arrest).
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of

*Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Practical points:

- Try to ensure that a person suffering an allergic reaction remains as still as possible and does not get up or rush around. Bring the AAI to the pupil, not the other way round.
- When dialling 999, say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS").
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition does not improve 5 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer.

- Tell the paramedics:
  - if the child is known to have an allergy;
  - what might have caused this reaction e.g. recent food;
  - the time the AAI was given, including time of second dose if this was administered.

Recording use of the AAI and informing parents/carers

The use of any AAI device should be recorded. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).

- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

Diabetes Emergency Procedures

Hyperglycaemia
If a pupil's blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:

- thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision.

Do . . .

Call the pupil's parents who may request that extra insulin be given. The pupil may feel confident to give extra insulin.

a. **999**

If the following symptoms are present, then call the emergency services:

- deep and rapid breathing (over-breathing)
- vomiting
- breath smelling of nail polish remover.

b. **Hypoglycaemia**

What causes a hypo?

- too much insulin
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- drinking large quantities of alcohol or alcohol without food no obvious cause

Watch out for:

- hunger
- trembling or shakiness
- sweating
- anxiety or irritability
- fast pulse or palpitations
- tingling
- glazed eyes

- pallor
- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness
- drowsiness.

Do . . .

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- a glass of Lucozade, coke or other non-diet drink
- three or more glucose tablets
- a glass of fruit juice
- five sweets, e.g. jelly babies, GlucoGel

The exact amount needed will vary from person to person and will depend on individual needs and circumstances. After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate. This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

- roll/sandwich
- portion of fruit
- one individual mini pack of dried fruit
- cereal bar
- two biscuits, e.g. garibaldi, ginger nuts
- or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

999

If the pupil is unconscious do not give them anything to eat or drink; call for an ambulance and contact their parents/carers.

Epilepsy Emergency Procedures

First aid for seizures is quite simple and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

Symptoms:

- the person loses consciousness, the body stiffens, then falls to the ground.
- this is followed by jerking movements.
- a blue tinge around the mouth is likely, due to irregular breathing.
- loss of bladder and/or bowel control may occur.
- after a minute or two the jerking movements should stop, and consciousness slowly returns.

Do . . .

- Protect the person from injury – (remove harmful objects from nearby).
- Cushion their head.
- Look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help.
- Once the seizure has finished, gently place them in the recovery position to aid breathing.
- Keep calm and reassure the person.
- Stay with the person until recovery is complete.

Don't . . .

- Restrain the pupil.
- Put anything in the pupil's mouth.
- Try to move the pupil unless they are in danger.
- Give the pupil anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

999

Call for an ambulance if . . .

- You believe it to be the pupil's first seizure.
- The seizure continues for more than five minutes.
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
- The pupil is injured during the seizure.
- You believe the pupil needs urgent medical attention.

Seizures involving altered consciousness or behaviour

Simple partial seizures

Symptoms:

- twitching
- numbness
- sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste
- a strong sense of deja vu.

Complex partial seizures

Symptoms:

- plucking at clothes
- smacking lips, swallowing repeatedly or wandering around
- the person is not aware of their surroundings or of what they are doing.

Atonic seizures

Symptoms:

- sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures

Symptoms:

- brief forceful jerks which can affect the whole body or just part of it. The jerking could be severe enough to make the person fall.

Absence seizures

Symptoms:

- the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

- Guide the person away from danger.
- Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.

- Stay with the person until recovery is complete.
- Keep calm and reassure the person.
- Explain anything that they may have missed.

Don't . . .

- Restrain the person.
- Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- Assume the person is aware of what is happening, or what has happened.
- Give the person anything to eat or drink until they are fully recovered. Attempt to bring them round.

999

Call for an ambulance if . . .

- One seizure follows another without the person regaining awareness between them.
- The person is injured during the seizure.
- You believe the person needs urgent medical attention.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 2

PARENTAL AGREEMENT TO ADMINISTER MEDICINE

Trust schools will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

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 school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
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 school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, followed in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ Date _____

Appendix 3

RECORD OF MEDICINE ADMINISTERED

Name of school	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent /Carer_____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 4

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 5

IHP Implementation Procedure

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. The headteacher coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.
3. A meeting is held to discuss and agree on the need for an IHP.
4. An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are agreed.
7. The IHP is implemented and circulated to relevant staff.
8. The IHP is reviewed annually or when the condition changes (revert back to step 3).

Appendix 6

INDIVIDUAL HEALTHCARE PLAN

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

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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 pupil's educational, social and emotional needs

Arrangements for school 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

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 7

MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school 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 each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, 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 school 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 xx/xx/xx. 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 pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 8

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name of school					
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 9

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**

Appendix 10

Non-Prescription Medications

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

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

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

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

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

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

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

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

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.