



Cabot
Learning
Federation

Supporting
pupils with
medical needs
policy

Date Adopted: March 2020, Cabot Learning Federation

Implementation Date: March 2020

Date reviewed: March 2024

Next review date: March 2026

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1 Policy Statement

- 1.1 The Academy will ensure that arrangements are in place to support pupils with medical conditions to enable them to access and enjoy the same opportunities at school as any other child. The focus will be on the needs of each individual child and how their medical condition impacts on their academy life. The policy aims to provide clear guidance and procedures to staff and parents.
- 1.2 The overall responsibility for ensuring the policy is implemented effectively is held by Chris Barratt, Principal and with support from a member of staff who has undertaken medication training.
- 1.3 The Academy will work together with parents, pupils, local authorities, health professionals such as specialist nurses and other support services to ensure that children with medical needs receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at academy in combination with alternative provision. Consideration will be given to how children will be reintegrated back into the academy after periods of absence.
- 1.4 No child with a medical condition will be denied admission or prevented from taking up a place because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at academy at times where it would be detrimental to the health of that child or to others.
- 1.5 The academy will work with parents where it has been brought to their attention that parents do not wish their child to be given medications, and individual assessments drawn up.

2 Equalities Impact Assessment

An equalities impact assessment has been carried out. The assessment concluded that there was potential adverse impact identified for some groups of people with protected characteristics and mitigations are in place to reduce that impact. The following equalities impact assessment report can be obtained from Jo Crickson.

3 Reference to other relevant policies

This policy should be read alongside

- Academy Health & Safety Policy
- SEND policy

4 Legislation

4.1 Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units to make arrangements for supporting pupils at their academy with medical conditions.

4.2 Generally the **Health and Safety at Work etc. Act 1974**, and associated legislation, requires that organisations ensure the health and safety of persons at work and persons affected by their work. Pupils attending schools fall under this general legal requirement as they are affected by the work of the school whilst staff act in loco parentis, so are expected to do what a reasonable parent would do in given situations.

4.3 Additionally, **the Equality Act 2010** legally protects people from discrimination in the workplace and in wider society. There is specific non-statutory advice 'the Equality Act 2010 and Schools' produced by the Department for Education to help schools to understand how the Equality Act affects them and how to fulfil their duties under the Act.

5 Roles and Responsibilities

5.1 The roles and responsibilities set out below is not an exhaustive list and academies may want to add a wider range of people to their policy.

5.2 Academy Council

- Must make arrangements to support pupils with medical conditions in the academy, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they can take on responsibility to support children with medical needs.

5.3 Principal

- Ensure that their academy's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know (including first aiders, supply teachers, lunch break supervisors) are aware of the child's condition.
- Ensure sufficient number of trained staff are available to implement and deliver all required IHCPs.
- It is required that each academy must have sufficient trained staff to administer medications for all hours of the academy day including pre and post academy clubs. The training the CLF recognise is the Managing Medications course. There may be further

training required for individuals on a case by case basis i.e. Diabetes, Auto-injectors for anaphylaxis etc.

- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements (this may involve recruiting a member of staff for this purpose).
- Ensure that academy staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure that the academy nursing service is aware of children with medical conditions.

5.4 Academy Staff

- The staff identified as co-ordinator(s) for monitoring the provision of support to pupils with medical conditions are Triff Rees (SENDCo) and Sue Rogers (Lead First Aider).
- Any member of staff may be asked to provide support to pupils with medical conditions, including administering of medicines, although they cannot be required to do so.
- Should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

5.5 School Nurses

- Responsible for notifying the academy when a child has been identified as having a medical condition which will require support in the academy.
- May support staff on implementing IHCPs, providing advice and training,
- Can liaise with lead clinicians locally on support for the child and associated staff training needs.

5.6 Healthcare professionals (GPs etc.)

- Notify school nurse when a child has been identified as having a medical condition that will require support at the academy.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

5.7 Pupils

- Should be fully involved in discussions about their medical support needs and contribute to, and comply with, the development of their IHCP.
- Other pupils to be encouraged to be sensitive to the needs of those with medical conditions.
- Wherever possible, pupils should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

5.8 Parents

- Provide the academy with sufficient and up to date information about their child's medical needs.
- As key partners, should be involved in the development and review of their child's IHCP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the IHCP implementation (this will include ensuring equipment/medications are taken into academy).
- Attempt to manage the medication doses so that medications do not need to be taken during the academy day.

5.9 Local Authorities

5.9.1 Local Authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training, and recreation.

5.9.2 As such they should:

- Provide support, advice and guidance, including suitable training for academy staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Make other arrangements where a Pupil would not receive a suitable education in a mainstream school because of their health needs. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

6 Data Protection Implications

- 6.1 All records to support the request for supporting students with medical needs is confidential and should be stored securely in a lockable cabinet/ cupboard.
- 6.2 Only limited and applicable staff should have access to the cupboard with strict key control in place.
- 6.3 Any records held digitally should be secure with restricted access.

7 Short Term Medical Needs

- 7.1 Many pupils will need to take medication (or be given it) during the academy day at some time. Mostly, this will be for a short period only, to finish a course of antibiotics or apply a lotion. To



support pupils with this will undoubtedly minimise the time they need to be off academy. Medication should only be taken in the academy when absolutely necessary.

- 7.2 It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside academy hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

8 Procedures

- 8.1 The following procedures are to be followed when notification is received that a pupil has a medical condition.

- a) A parent or a health care professional informs the academy that:
- A child has been newly diagnosed, or;
 - Is due to attend a new school, or;
 - Is due to return to school after a long-term absence or
 - Has medical needs that have changed.
 - Are taking short term medications
- b) Where applicable the (Principal **or senior member of staff to whom this has been delegated**) co-ordinates a meeting to discuss the child's medical support needs and identifies the member of staff who will provide support to the child.
- c) A meeting to be held to discuss and agree on the need for an individual health care plan (IHCP). The meeting will include the key academy staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them).
- d) An IHCP will be developed in partnership and the meeting will determine who will take the lead in writing it. Input from a healthcare professional must be provided.

- 8.2 Some children may have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. Where this is the case the IHCP should be linked to or become part of that statement or EHC plan.

- 8.3 Where a child has Special Educational Needs but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

- 8.4 The Academy will identify members of staff to support with the standard administration of medications, and awareness of procedures and paperwork/record keeping. The academy will arrange for these staff to attend managing medications training. Where there is a specific staff training need to support pupils with complex medical needs this will be identified by the specialist nursing team with a sufficient number of staff trained to ensure cover for sickness

periods or staff turnover. **A first aid certificate does not constitute appropriate training to support pupils with medical conditions.**

- 8.5 Healthcare professionals commission, or delivers appropriate training and staff are signed off as competent. A review date for training will be agreed.
- 8.6 The IHCP will be implemented and circulated to all relevant staff. Supply staff will be informed that an IHCP is in place.
- 8.7 The IHCP will be monitored and reviewed annually or when the medical condition changes. The parent or healthcare professional may initiate the review.
- 8.8 For children starting at a new academy, arrangements should be in place in time for the start of the relevant academy term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

9 Individual Healthcare Plans

- 9.1 Not all pupils with medical needs will require an IHCP. The academy, together with the healthcare professional and parent will agree, based on evidence, whether a health care plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal will take the final view.

10 The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency, and cover arrangements for when they are unavailable;
- Who in the academy needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff or self-administered by the pupil during academy hours;
- Separate arrangements or procedures required for academy trips or other academy activities outside of normal academy timetable that will ensure the child can participate e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What constitutes an emergency and what to do, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician.

11 Staff Training and Support

- 11.1 Any member of staff providing support to a pupil with medical needs should have received suitable training. Where staff already have some knowledge of specific support needed by a child extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
- 11.2 The relevant healthcare professional should normally lead on identifying the type and level of training required, and how this can be achieved.
- 11.3 Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in IHCPs. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 11.4 Staff **MUST NOT** give prescription medicines under healthcare procedures without appropriate training (updated to reflect any IHCPs). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, CLF require all staff who administer medications to undertake managing medications training, and to have specific training to support with specific medical needs, e.g. Diabetes, asthma, anaphylaxis and other more complex needs, having taken into consideration the training requirements as specified in pupils' IHCPs.
- 11.5 Health care professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 11.6 All staff to receive awareness training of the academy's policy for supporting pupils with medical conditions and their role in implementing that policy. This will also form part of staff induction training.

12 Child's Role in Managing Their Own Medical Needs

- 12.1 Following discussions with parents and where a child is deemed competent to manage their own health needs and medicines, this should be encouraged and this should be reflected within IHCPs.
- 12.2 Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily, but with an appropriate level of supervision.
- 12.3 If a child refuses to take medicine or carry out necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parents should be informed so that alternative options can be considered and a record should be kept.

13 Managing Medicines on Academy Premises

- 13.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 13.2 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent.
- 13.3 Non-prescribed medicines may be administered under the following circumstances:
- must have parental/carer consent;
 - a record of medications dosage given;
 - Check of maximum dose and when previous dose was last taken;
 - the container is clearly labelled with the pupil's name;
 - administered for an agreed length of time, after which the medication will be returned to the parents.
- 13.4 No child under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.
- 13.5 Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside academy hours.
- 13.6 The academy will only accept prescribed medicines that are in-date, labelled with the child's name, provided in the original container as dispensed by a pharmacist. This will include instruction for administration, dosage and storage. Exceptions to this are over-the-counter medication where agreed protocols are agreed as above in point 2 and insulin which may be in a pen or pump but it must still be in date.
- 13.7 All medicines held by the academy to be stored and kept in a lockable cupboard/fridge inside the First Aid area. Where relevant the child should know who holds the key to the storage facility. Medicines such as asthma inhalers must always be readily available to the child and not locked away. This is particularly important when outside the premises e.g. academy trips.
- 13.8 Whilst DFE allows in some circumstances pupils to carry controlled drugs prescribed to them, in this Academy controlled drugs that have been prescribed will be securely stored with only named staff having access. A record will be kept of any doses used and the amount of the controlled drug held in academy.
- 13.9 Trained academy staff may administer a controlled drug to a child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.

13.10 The academy will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom. Any side effects should also be recorded.

13.11 When no longer required, medicines should be returned to parents to arrange for safe disposal.

14 Emergency Procedures

14.1 Each IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures and where appropriate that other pupils know what to do if they think help is needed.

14.2 If a child is taken to hospital, a member of academy staff will stay with the child until the parent arrives.

15 Use of Emergency Asthma Inhalers and Auto-Injectors

15.1 From 1st October 2014 academies have been allowed to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. Academies are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. In accordance with Human Medications Regulations 2014(amendment) the Academy will keep two salbutamol inhalers and spacers for use in an emergency in the prescribed manner. This is for the use of diagnosed asthmatic pupils who have an IHCP and parents/carers have given written consent for the use of said inhaler in an emergency. An emergency will be deemed to be the following circumstances: inhaler expired, lost, broken or empty.).

15.2 From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all Academies to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

15.3 The academy's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

15.4 The academy's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

16 Defibrillators

16.1 A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. The academy has a defibrillator. The defibrillator is located in the Main

Office. There are two appointed members of staff who regularly check it is working. All First Aiders are trained in its use.

17 Home To School Transport

17.1 This is the responsibility of the local authority. The academy will work with the local authority who may find it helpful to be aware of a pupil's IHCP and what it contains, especially in respect of emergency situations.

18 Day Trips, Residential Visits and Sporting Activities

18.1 The academy will actively support pupils with medical conditions to enable them to participate in academy trips and visits or in sporting activities, and not prevent them from doing so.

18.2 The academy will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on academy trips and visits. It is best practice to include this as part of the activity risk assessment to ensure that pupils with medical conditions are included.

19 Unacceptable Practice

19.1 The following is regarded by the academy as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication and administering when necessary;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child, their parents, medical evidence or opinion;
- Sending children with medical condition home frequently or preventing them from staying for normal academy activities;
- If a child becomes ill, sending them to the academy office or medical room unaccompanied or with someone unsuitable;
- Penalising children for their attendance record if their absences are related to their medical condition;
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively;
- Requiring parents to attend site to administer medication or provide medical support to their child. No parent should have to give up working because the academy is failing to support their child's medical needs; or
- Preventing children from participating, or create unnecessary barriers to children participating, in any aspect of academy life, including academy trips, e.g. by requiring parents to accompany the child.



20 Liability and Indemnity

20.1 The CLF fully indemnifies staff who administer medication providing they are acting within the scope of their employment, have been provided with adequate training and are following the CLF policy/guidance for the purpose of indemnity.

20.2 Public Liability Insurance arrangements

- Provision of first aid and associated activities such as the use of EpiPens, asthma inhalers and insulin
- Administration of prescribed medication and provision of over the counter medications
- Wound dressings and wound closures such as steri-strips

21 Complaints

If parents or pupils are dissatisfied with the support provided by the academy to pupils with medical conditions, they should discuss their concerns directly with the academy. If the issue remains unresolved, they may make a formal complaint via the academy's complaint procedure by sending an email to the Clerk to the Academy Council, Wendy Hellin, at info@sa.clf.uk.

A handwritten signature in black ink that reads "C. Barratt".

Signed by:

Principal

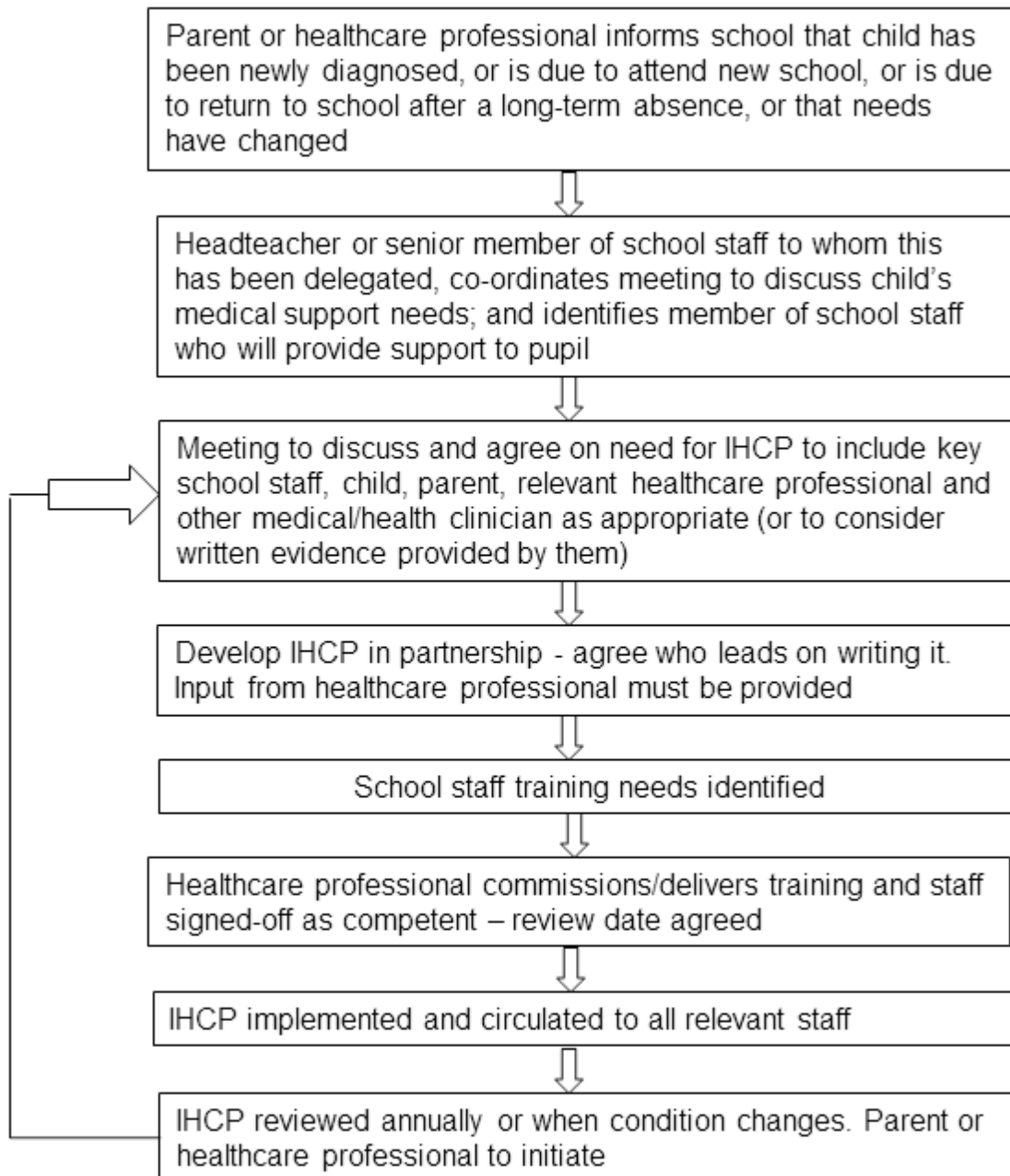
Signed by:

Chair of Academy Council

Date: July 2022

Review Date: March 2024

Annex A: Model process for developing individual healthcare plans





Annex B Useful resources

<https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis>

<https://www.anaphylaxis.org.uk/what-is-anaphylaxis/>

[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)

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