



L.E.A.D. Academy Trust

Lead • Empower • Achieve • Drive

Supporting pupils with medical conditions

Date: September 2024

Review frequency: On an annual basis.

Approval: Proprietors of academies.

Policy Statement

Introduction

The L.E.A.D. Academy Trust requires this policy to be implemented by all its member academies.

Academies have a responsibility to make sure that safety measures cover the needs of all pupils at the academy. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The academy is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

Pupils with special medical needs have the same right of admission to the academy as other children and cannot be refused admission or excluded from the academy on medical grounds alone.

Teachers and other academy staff in charge of pupils have a common law duty to act *in loco parentis* and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the academy site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and should supply the academy with information. The academy takes advice and guidance from the local authority, Department for Education and health services as appropriate.

The L.E.A.D. Academy Trust defines the policy expectation, but the responsibility for implementation of the policy rests with the Headteacher of each academy.

Legal Framework

The statutory guidance document Supporting Pupils At School With Medical Conditions – last updated August 2017– can be accessed here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

[Children and Families Act 2014 section 100](#) places a duty on proprietors of academies to make arrangements for supporting pupils at their academies with medical conditions.

[The Health and Safety at Work Act 1974: Sections 2.1 & 2.2, 3 and 4](#) makes employers responsible for the health and safety of employees and anyone else on the premises.

In order to comply with the [Misuse of Drugs Regulations 2001](#) when Class 1 and 2 drugs are kept on academy premises, a written stock record is also required and the drugs kept securely locked away.

[Medicines Act 1968, Legislation.gov.uk](#) specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Section 3, the Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/section/3> provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 10, the Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/section/10> provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The Special Educational Needs Code of Practice

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/S-END Code of Practice January 2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/S-END_Code_of_Practice_January_2015.pdf)

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) <http://www.legislation.gov.uk/ukpga/1996/56/section/19> provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Cross Reference: Equality Policy; Safeguarding and Child Protection Policy; Health & Safety Policy; First Aid Policy, Intimate Care Policy, Off Site Visits Policy

Policy

This policy will be presented to new members of staff during induction training so that they know their roles and responsibilities with respect to supporting pupils with medical conditions. Also to all staff on a regular basis to ensure that their knowledge and understanding is up to date.

DEFINITION

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

- Short term, affecting their participation in school activities which they are on a course of medication;
- Long term, potentially limiting their access to education and requiring extra care and support.

AIMS

The academy aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the local authority policies and procedures;
- ensure that arrangements are in place to support pupils at the academy with medical conditions;
- arrange and update training for staff to support individual pupils;
- liaise as necessary with outside agencies in support of the individual pupil;
- ensure access to full education including academy trips and physical education if possible;
- monitor and keep appropriate records.

ENTITLEMENT

The academy accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils and have arrangements in place to minimise, as far as possible, the disruption to normal schooling by continuing education as normally as the health needs allow.

The academy believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

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

- To choose whether or not they are prepared to be involved;
- To receive appropriate training;
- To work to clear guidelines;
- To bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

RESPONSIBILITIES

Parents and carers

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication. They should provide the academy with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the academy that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

For administration of emergency or long term medication, a care plan must be completed by the parent(s) in conjunction with the school nurse or other medical staff and academy staff. Minor changes to the care plan can be made if signed and dated by the parent(s). If, however, changes are major, a new care plan must be completed. Care plans should be reviewed at least annually.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of the academy/health professional.

Prescription medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates;
- Dispensing date/pharmacists details.

'Over the counter' medication is administered at the discretion of the Headteacher in the academy and only in exceptional circumstances. Often this sort of medication can be given before and after school; but if being administered it should:

- Be in the original container
- Be in date and have clear expiry dates shown
- Explains the dosage requirements for the age of the pupil requiring it

Medication of this sort will require a medication form completing on paper or via Medical Tracker and administering of it will be in line with the instructions on the packaging.

Pupils

Those with medical conditions are often best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and compliance with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those medical conditions

Academy Staff

It is important that academy staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions will be undertaken and recorded on the academy training spreadsheet.

Supporting a pupil with a medical condition is not the sole responsibility of one person. We aim to work collaboratively with others in order to provide effective support for the pupil. Any supply staff working in the academy will not be responsible for administering medication but it is expected that they will be made aware of any pupils who have long term medical needs and that their care plan will be shared with them. Any supply member of staff should also be made aware of who is responsible for monitoring the child and procedures to take in an emergency.

There is no legal or contractual duty on academy staff to administer medicine.

Medication can only be administered at the academy by members of staff who have volunteered and received the appropriate training (if necessary), following permission from the Headteacher.

If the member of staff administering the medicine is concerned about any aspect of its administration they must not administer it and must seek further advice.

Headteacher

The Headteacher will ensure that their academy's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff (including supply staff) who need to know, are aware of the pupil's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans, although they may delegate the job to another senior member of staff, for example SENCO. They will also make sure that academy staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school health service in the case of any pupil who has a medical condition that may require support at the academy, but who has not yet been brought to the attention of school health.

Governing Body

The governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such pupils can access and enjoy the same opportunities at the academy as any other pupil. Academies, local authorities, health professionals and other support services should work together to ensure that pupils with medical conditions 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 the academy in combination with alternative provision arranged by the local authority.

Consideration may also be given to how pupils will be reintegrated back into the academy after periods of absence.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at the academy will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their academy life.

The governing body should ensure that their arrangements give parents and pupils confidence in the academy's ability to provide effective support for medical conditions in the academy. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical needs. They should also ensure that there are cover arrangements in place to that someone is always available to support pupils with medical conditions.

Pupils with medical conditions are entitled to a full education and have the same rights of admission to the academy as other pupils. This means that no pupil with a medical condition should be denied admission or prevented from taking up a place in academy because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in to the academy at times where it would be detrimental to the health of that child or others to do so.

Governing bodies must ensure that the arrangements put in place are sufficient to meet the statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding responsibilities.

Local Authority

Is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare plans are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

Refer to: Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities 2013; Alternative provision – Statutory guidance for local authorities 2013

The Role of Health

Health professionals have a vital role in liaising with education staff to ensure that the planned provision is appropriate and that all the needs of the child, health, social, education and emotional are being addressed.

Health should:

- Ensure that a holistic approach is taken regarding the welfare of the child by facilitating timely access to appropriate advice and to effective services which address their health, social, education and emotional needs throughout the period of their illness
- Establish clear procedures for staff which enable children who are in their care to participate in education
- Make arrangements at a strategic level for co-operation and planning between the health service and the education service
- Have agreed protocols for sharing information about children who are ill between the health service and the education service
- Make arrangements for a health professional to participate in multi-agency meetings to plan and monitor the child's education and return to school once educational provision has been agreed
- In some cases, the nature of a child's illness may be unclear. Mental health problems in particular can involve frequent or long absence from school. A mental health condition may for example manifest itself in truancy, school refusal or disruptive behavior. Medical needs of this kind include conduct or hyperactivity disorders, emotional disorders such as depression, anxiety and in some cases psychosis. In such cases, mental health professionals should make every effort to provide the medical evidence necessary for the child to secure eligibility for educational support as quickly as possible.

PROCEDURE

Notification received that a pupil has a medical condition

- If the child is new to the academy, ensure links are made with previous school or setting where appropriate;
- Ensure all the relevant professional bodies are contacted;
- Ensure arrangements are made for staff training or support;
- Every effort should be made to ensure that arrangements are put in place within two weeks.

MEDICINES

- Parents should bring medicines into the academy (not pupils); The only exception to this is when the medicine has been prescribed to the pupil without the knowledge of the parent.
- A bottle with a pharmacist's label designating the pupil's name, directions, name of drug and name of doctor must be submitted to the office and shown to the Headteacher or lead member of staff;
- Parents should label 'over the counter' (non-prescription) the medication with the child's name, and the school can then follow the generic age related instructions when administering to the child;

- Medicines should be in original packaging unless it is an insulin pump / pen but it must be in date;
- Any medications not presented properly will not be accepted by academy staff;
- The parent/guardian must complete the academy Medicine Administration Forms;
- A record must be kept of all children receiving medication (this record must be accessible in the office and in other locations as appropriate);
- The pupil's class teacher and where appropriate other staff members (e.g. other teachers (including supply teachers) and lunchtime staff) must be kept informed of prescription medication being taken over an extended period of time;
- Parents can come into the academy at lunchtime to administer these medicines if they wish;
- The academy will liaise with the School Health Service or other medical agencies for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil;
- **Any medicines brought into the academy by staff** e.g. antibiotics, pain medication, hayfever medication, inhalers for personal use, should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the academy.

The date, time, name of pupil, dose, should be recorded and double signed by a witness for all prescription and non-prescription medicines administered whilst at the academy (Appendix 1)

- Staff administering medication must check:
 - The pupil's name;
 - Written directions provided;
 - Prescribed dose;
 - Dose frequency;
 - Time and quantity of last dose;
 - Expiry date;
 - Any additional or cautionary information.

PRINCIPLES

- Parents are responsible for their child's medication and must take responsibility for informing the academy of any changes in long-term medication;
- Only medication supplied by the parent/guardian should be administered to pupils;
- Many pupils may not require medication during school hours;
- Timings of regular medication, whether short or long term, can usually be adjusted to fit around the academy day (or parents can visit the academy to administer medication);
- The Headteacher is responsible for deciding whether the academy can assist a pupil who needs medication;
- The Headteacher is responsible for deciding which staff members may administer medicine where they have already volunteered.

The pupil's role in managing their own medical needs:

- After discussion with parents, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans;
- Wherever possible, pupils should be allowed to carry their own medicines with 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 pupil to self-manage, relevant staff should help administer medicines and manage procedures for them.

INDIVIDUAL HEALTH CARE PLANS

Individual healthcare plan's should be completed by parent(s), designated academy staff and school nurse/medical agency. They will be formulated with the pupil's best interests in mind and ensure that the academy assesses and manages risks to the pupil's education, health and social wellbeing, and minimises disruption. They will provide clarity about what needs to be done, when and by whom.

A healthcare plan should include the following information, as a minimum: (see template in appendix 1)

- Details of a pupil's condition (its triggers, signs, symptoms and treatments);
- The pupil's resulting needs, including medication and other treatments;
- Special requirements e.g. dietary needs, pre-activity precautions;
- Any side effects of the medicines;
- Specific support for the pupil's educational, social and emotional needs;
- Level of support needed and who will provide this;
- Separate arrangements or procedures required for academy trips or other academy activities outside of the normal academy timetable that will ensure that the pupil can participate;
- What constitutes an emergency;
- What action to take in an emergency;
- What not to do in the event of an emergency;
- Whom to contact in an emergency;
- The role the staff can play.

Sometimes a pupil may need a 'Safe systems of work' plan – e.g. if a pupil uses a wheelchair, plinth, hoist, special seating. This plan will be put together with the help of outside agencies such as specialist outreach workers, Occupational Therapy, etc and discussed with academy staff. These plans will be reviewed at least annually.

PEEP (PERSONAL EMERGENCY EVACUATION PLAN)

For any pupil with medical needs a Personal Evacuation Plan may need to be written in case of a fire. This plan is shared with all staff, including supply staff, working with the pupil in order to ensure a safe evacuation if necessary.

STAFF TRAINING

When training is delivered to academy staff, the academy will ensure that a training record is completed for inclusion in the Health and Safety records and on the academy training spreadsheet. This is for both insurance and audit purposes. Full training and refresher training is offered to staff for Emergency and Paediatric first aid and any specific training for individual training (tracheotomy, catheterisation, diabetes, asthma, etc) as appropriate. Training is carried out by the LEAD Academy Trust First Officer and / or the official medical agency involved with the pupil and family. This is regularly reviewed and updated. Clear records are kept of the training by the Headteacher.

- Staff will be fully supported in carrying out their role to support pupils with medical conditions;
- On the advice of relevant healthcare professionals, training needs will be identified;
- Professional training will be provided to relevant individuals;
- Logs will be kept of training that has been provided;
- Providers of training will also be logged;
- Training needs will be reviewed where necessary.

STORAGE OF MEDICINES

When items need to be available for emergency use, e.g. asthma pumps and Epipen / auto-injectors, they are kept in the classroom/medical room so that pupils can access them immediately. Medicines are stored in the fridge (if specified in a locked container) or in the medicine safe in the office/medical room. The medicine safe is kept locked at all times.

INTIMATE CARE (See also Intimate Care Policy)

Some medical intervention will be of an intimate nature. This will be handled sensitively by the academy. The management of all pupils with intimate care needs will be carefully planned. The pupil who requires care will be treated with respect at all times; the pupil's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. (Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from physiotherapist/occupational therapist.)

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care, as an extra safeguard to both staff and pupils involved.

The pupil will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for him/herself as they are able.

Individual intimate care/medical plans will be drawn up for children as appropriate to suit the circumstances of the pupil.

Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil is toileted or any procedure takes place.

Intimate care arrangements will be discussed with parents/carers on a regular basis. The needs and wishes of pupils and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

CLASS 1 and 2 DRUGS

When Class 1 and 2 drugs (for example "Ritalin" prescribed for Attention Deficit & Hyperactivity Disorder) are kept on academy premises, a **written stock record is also required** in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. Class 1 and 2 drugs are locked in a medicine safe in the office/medical room.

ANTIBIOTICS

Parent(s) should be encouraged to ask the GP to **prescribe an antibiotic which can be given outside of academy hours wherever possible**. Most antibiotic medication will not need to be administered during academy hours. Twice daily doses should be given in the morning before academy and in the evening. Three times a day doses can normally be given in the morning before academy, immediately after academy (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in the academy if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the pupil is not known to be allergic to the antibiotic. The antibiotic should be brought into the academy in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the pupil's name, the name of the medication, the dose and the date of dispensing. In the academy the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so, this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be

carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. If the pupil does not receive a dose, for whatever reason, the parent must be informed that day.

ANALGESICS (PAINKILLERS)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in the academy. The academy **does not** keep stock supplies of analgesics e.g. paracetamol (in soluble form) for potential administration to any pupil. Parental consent must be in place and this medicine must be prescribed.

PUPILS SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.

DISPOSAL OF MEDICINE

Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. They should collect medicines held by the academy at the end of each term or academic year.

RESIDENTIAL AND OFF SITE VISITS

Clear and robust arrangements should be made that are flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays and sporting activities.

Individual risk assessments should be undertaken, in line with OEAP National Guidance document: [Special educational needs and disability](#) and H&S executive guidance on school trips, in order to plan for pupils with medical conditions. Consultations with parents and relevant health professionals on trips and visits will be separate to the normal day to day health care plan arrangements for the school day.

On occasion it may be necessary for the academy to administer an “over the counter” medicine in the event of a pupil suffering from a minor ailment, such as a cold or travel sickness while away on an educational visit. In this instance the parental consent form will provide an “if needed” authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation.

DAY VISITS (e.g. to a museum or exhibition) including travel sickness

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child’s details, contents, and time of medication). Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

ADDITIONAL SUPPORT

In line with Section 19 of the Education Act 1996 the Local Authority (LA) have a duty to: “make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory 6 school age who, by reason of illness, or otherwise, may not for any period receive suitable education unless such arrangements are made for them.”

This applies to children and young people:

- who are of statutory school age and who
- are permanently resident in the LA and
- who are not in school for 15 days or more, whether consecutive or cumulative due to ill health and
- where the health need and necessity for absence has been validated as necessary by a medical doctor
- will not receive a suitable full-time education unless the local authority makes arrangements for this

Health problems include physical illnesses, injuries and clinically defined mental health problems. Suitable medical evidence will be required. This would include details of the health problem, how long the condition is expected to last and the likely outcome, and a treatment plan. This must be provided by a suitable medical professional, normally a hospital consultant. However, where specific medical evidence is not available quickly, the local authority will liaise with other medical professionals (eg the child's GP), so that provision of education is not delayed. This duty applies to pupils at schools of all types.

Arrangements for alternative education will not normally be made for children and young people below or above compulsory school age. Arrangements for alternative provision will be made as soon as it is known that a child has not attended school for 15 days for health reasons or as soon as it is clear that a health-related absence from school will be 15 days or longer, verified by a medical doctor. The 15 days may be consecutive or cumulative. The provision will commence as quickly as possible. There may be circumstances in which suitable alternative education is already in place eg if the school has made arrangements for a pupil or the child is receiving education at a hospital school. In such circumstances, the local authority will intervene only if it has reason to think that the education provision being made is unsuitable or insufficient.

It will be the responsibility of the school, in partnership with the Local authority / Hospital Education Team, to provide educational support and resources to ensure the pupils is able to access a full time provision equivalent to that which would be provided to other pupils in the school. Where a child or young person with a medical condition requires support in school, the Hospital Education Team may be able to offer additional support. If the child or young person has an EHCP for a medical reason, support should form part of the Plan.

Withdrawal of Teaching

If a pupil fails to attend or make themselves available for HE teaching on a regular basis without production of an appropriate medical certificate, or having a valid reason (usually medical) for absence then teaching will cease until a meeting is convened to establish a way forward. The withdrawal of teaching will also be considered if the child ceases to follow a therapeutic programme recommended by any other agency as part of a rehabilitation and

reintegration package. Isolated teaching sessions do not in themselves support a programme of reintegration, nor can they give sufficient confidence to ensure a successful return to school.

Ensuring successful reintegration into mainstream school

Returning to school after a period of illness can be an emotional hurdle for a child or young person. Friendships can be damaged by a long absence and peer group contact during an absence, for example cards, letters, invitations to school events, are as important as formal contact. Parents / carers and school needs to develop a welcoming environment and encourage pupils and staff to be as positive and proactive as possible during the transition period. Consultation with the child and parents and key staff about concerns, medical issues, timing and pace of return is important. If a child can attend school part time this is preferable to teaching at home and usually enables speedier and more successful reintegration and monitoring of the child's needs.

The reintegration strategy should include:

- Date for planned reintegration once known.
- Details of regular meetings to discuss reintegration
- Clearly stated responsibilities and rights of all those involved
- Details of social contacts including the involvement of peers and mentors during the transition period
- A programme of small goals leading up to reintegration
- Follow up procedures

CURRICULUM AND PUBLIC EXAMS

Young people with medical conditions may be entitled to variations with regard to the sitting of Public Examinations. Where a young person is being supported by Hospital Education this will be discussed at Review meetings. Hospital Education is happy to advise schools with regard to Public Examinations

POST-16 TRANSITION

A young person's educational needs Post -16 may require additional consideration, particularly where he or she has made slow progress up to the age of 16 because of interruptions in their education due to illness. Hospital Education will liaise with the home school to ensure the young person has access to appropriate information.

GUIDELINES FOR THE ADMINISTRATION OF AUTO-INJECTORS BY ACADEMY STAFF **Specific guidelines and procedures will be detailed in pupils healthcare plans.**

An Epipen / auto-injector is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen / auto-injector is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one administration used correctly in accordance with the care plan. An Epipen / auto-injector can only be administered by academy staff that have been designated as appropriate by the headteacher and who have been assessed as competent by the school nurse/doctor. Training of designated staff will be

provided by the Trust First Aid officer as part of standard first aid training. Specialist training can be accessed via school nursing service. Training will be updated at least once a year.

1. There should be an individual care plan and consent form in place for each pupil. These should be readily available. They will be completed before the training session in conjunction with parent(s), academy staff and doctor/nurse.
2. Ensure that the Epipen / auto-injector is in date. The Epipen / auto-injector should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen / auto-injector should be readily accessible for use in an emergency and, where pupils are of an appropriate age and development, the Epipen / auto-injector can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by the relevant / responsible member of staff termly. If necessary he/she may ask the school doctor to carry out this responsibility. The Epipen / auto-injector should be replaced by the parent(s) at the request of the school nurse/academy staff.
5. The use of the Epipen / auto-injector must be recorded on the pupil's care plan, with time, date and full signature of the person who administered the Epipen / auto-injector.
6. Once the Epipen / auto-injector is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen / auto-injector. The used Epipen / auto-injector must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen / auto-injector before the pupil returns to the academy.
7. If the pupil leaves the academy site e.g. on an academy trip, the Epipen / auto-injector must be readily available.

L.E.A.D. Supports the Department of Health guidance on the use of auto-injectors in schools, and will support academies that wish to implement the procedure and store general use auto-injectors on site.

A copy of the complete Department of Health guidance, and assistance in completing it can be obtained from the L.E.A.D. Health and Safety SharePoint site

GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. Academy staff, who are assisting pupils with inhalers, will be offered training.

1. If academy staff are assisting pupils with their inhalers, a consent form from parent(s) should be in place. Individual care plans need only be in place if pupils have severe asthma which may result in a medical emergency. Asthma plans may also be used for some asthma sufferers.
2. Inhalers **MUST** be readily available when pupils need them. Inhalers are kept in their classrooms in a specified box and a first aid trained member of staff is always on hand to administer if required. For secondary age pupils who have an inhaler, they will keep it in their bag to be used solely by them. This should have the name of the pupil clearly stated on it. A record is kept of any dose given. If a pupil has needed

their inhaler many times in one day then parents will be informed. The date, time and dose will be recorded on an Asthma Log Form.

3. Pupils must know where their inhalers are stored so that they can be accessed by another adult e.g. a teaching assistant, lunchtime supervisor or supply teacher as they may be needed at various times throughout the day.
4. Parent(s) should supply a spare inhaler for pupils who carry their own inhaler. This is stored safely at the academy in case the original inhaler is accidentally left at home or the pupil loses it whilst at the academy. This inhaler must have an expiry date beyond the end of the academy year.
5. All inhalers should be labelled with the pupil's name.
6. Some pupils, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
7. Academy staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
8. Parent(s) should be responsible for renewing out of date and empty inhalers.
9. Parent(s) should be informed if a pupil is using the inhaler excessively.
10. Physical activities will benefit pupils with asthma, but they may need to use their inhaler ten minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
11. If pupils are going on offsite visits, inhalers MUST still be accessible. Asthma inhalers taken on day/residential trips should be kept securely by an adult supervising the pupils and should be immediately to hand should they be needed.
12. Academy staff have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
13. Asthma can be triggered by substances found in the academy e.g. animal fur, glues and chemicals.
14. Only the pupils own inhaler or approved school inhalers should be used.

L.E.A.D. Supports the Department of Health guidance on the use of inhalers in schools, and will support academies that wish to implement the procedure and store a general use inhaler. A copy of the complete Department of Health guidance, and assistance in completing it can be obtained from the L.E.A.D. Health and Safety SharePoint site.

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

Specific guidelines and procedures will be detailed in pupil's healthcare plans.

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of pupils the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during academy hours, but some older pupils may need to inject during academy hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff, Primary Care Trust staff.

Staff who have volunteered, been trained and have been designated as appropriate by the Headteacher will administer treatment for hypoglycaemic episodes.

To prevent 'hypo's'

1. There should be a care plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a 'hypo'. This will be recorded in the care plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be delayed e.g. due to extra-curricular activities at lunchtimes. Off-site activities e.g. overnight stays, will require additional planning and liaison with parent (s).

To treat 'hypo's'

1. If a meal or snack is missed, or after strenuous activity or sometimes for no apparent reason, the pupil may experience a 'hypo'. Symptoms may include sweating, pale skin, dizziness, confusion and/or slurred speech.
2. Treatment for a "hypo" might be different for each pupil, but will usually be dextrose tablets, a sugary drink or dextrose/glucogel gel, as per the pupil's Care plan. Whichever treatment is used, it should be readily available and not locked away. Many pupils will carry the treatment with them. Expiry dates must be checked each term, either by a member of academy staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the pupil has recovered, a slower acting starchy food such as biscuits and milk should be given. However, in each individual case, reference to the pupil's Individual Care plan should be made. If the pupil is very drowsy, unconscious or fitting, a 999 call must be made and the pupil put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of 'hypo's' where staff have issued treatment in accordance with their care plan.

If dextrose gel / glucogel has been provided

The Consent Form should be available and parents should be contacted.

Dextrose gel is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of dextrose gel must be recorded on the pupil's Individual Care plan with time, date and full signature of the person who administered it. The member of staff should have received appropriate training. If after administration the dextrose gel has not worked and the pupil falls unconscious, call 999 immediately. It is the parent's responsibility to renew the dextrose gel when it has been used or the expiry date has been reached.

DO NOT USE GEL IF THE PUPIL IS ALREADY UNCONSCIOUS.

GUIDELINES FOR MANAGING EPILEPSY

Specific guidelines and procedures will be detailed in pupil's healthcare plans.

Epilepsy is a neurological disorder. The brain contains millions of nerve cells called neurons that send electrical charges to each other. A seizure occurs when there is a sudden and brief

excess surge of electrical activity in the brain between nerve cells. This results in an alteration in sensation, behaviour, and consciousness.

Seizures may be caused by developmental problems before birth, trauma at birth, head injury, tumour, structural problems, vascular problems (i.e. stroke, abnormal blood vessels), metabolic conditions (i.e. low blood sugar, low calcium), infections (i.e. meningitis, encephalitis) and idiopathic causes. Pupils who have idiopathic seizures are most likely to respond to medications and outgrow seizures.

FIRST AID

- Stay calm
- Protect pupils from injury but do not restrain movements
- Help the student lie down and turn on one side if possible
- Loosen all tight clothing
- Do not put anything in the mouth
- Do not give medicines or fluids until the pupil is completely awake
- Stay with the pupil until he or she is fully alert and oriented
- Provide reassurance and support after the seizure episode
- CPR should not be given during a seizure
- Record the duration and describe the seizure on the epilepsy log
- Report the seizure to the appropriate person: parents, school nurse and/or administrator

EMERGENCY FIRST AID

Call 999 if:

- First known seizure;
- Seizure lasts more than 5 minutes;
- Another seizure begins soon after the first;
- The pupil stops breathing or has difficulty breathing after the seizure;
- The pupil cannot be awakened for more than ten minutes after the seizure;
- There are specific orders to call 999 from the doctor or parent;
- The seizure or recovery is different than usual;
- The need for assistance is uncertain.

Emergency Procedures

- In the event of a serious incident an ambulance is called and a member of staff will go to hospital with the pupil.
- A parent/guardian will be asked to go immediately to the hospital.

LIABILITY AND INDEMNITY

Academy staff will be made aware of the insurance arrangements in the event of a claim or liability.

Before carrying out clinical/medical procedures staff will be trained and assessed as competent in the relevant procedures on an individual child basis. There will be written

evidence via a risk assessment and/or appropriate training and/or written competency assessment.

On the basis that this policy is followed then the academy is protected by its Public Liability Insurance (subject to its terms, conditions and exclusions) for accidental death, injury or damage caused by such procedures to a third party.
For further information contact the office manager.

The insurance provided jointly indemnifies staff provided they are acting in accordance with their duties.

All other partner organisations must have, at least, the minimum public liability insurance and indemnity insurance. Each service will have a procedure for checking this insurance is in place.

EMERGENCY PLANNING

The academy has an Emergency Plan that is based on the model from Nottingham City LA

Where a pupil has an individual health care plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the academy may need to know what to do, such as informing an adult immediately if they think help is needed.

If a pupil is taken to hospital, staff should stay with the pupil until the parent arrives or accompany the pupil in the ambulance. Staff should not take pupils to hospital in their own car unless absolutely necessary and they have the appropriate insurance.

COMPLAINTS

In the unlikely event that parents or pupils become dissatisfied with the support provided they should discuss their concerns directly with the academy. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the academy's Complaints Procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

MONITORING

This policy is monitored by the Headteacher, SEN coordinator and governor on behalf of the governing body.

Staff receive the full support of the Senior Leadership Team and governing body.

Appendices:

- Allergy management statement / procedures
- Health Care plan
- Administering medicine consent form
- Administering medicine record form
- Allergy risk assessment form

Allergy Management

STATEMENT:

This is a whole school approach to the health care and management of those members of the school community suffering from specific allergies. XXXXX Academy are aware that staff and children who attend may suffer from food, bee/wasp sting, animal or nut allergies and believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. We cannot guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self-responsibility and plan for effective response to possible emergencies. We are committed to children not sharing food and drink. Parents are asked to provide details of allergies on admission to our school.

We aim to minimise the risk of any child or member of staff suffering an allergic reaction whilst at school. An allergic reaction to nuts is the most common high risk allergy and as such demands more rigorous controls. The underlying principles include:

- The establishment of effective risk management practices to minimise the child, staff, parent and visitor exposure to known trigger foods and insects.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

This statement applies to all members of the school community including: staff, parents, guardians, volunteers, supply staff, students.

Role of other parents:

- Snacks and lunches provided by parents should be peanut and nut free.
- The school will ensure that parents are regularly reminded of the importance of nut free lunchboxes and snacks.

DEFINITIONS:

Allergy: A condition in which the body has an exaggerated response to a substance (eg food or drug) also known as hypersensitivity.

Allergen: A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

Anaphylaxis: Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.

Epipen / auto-injector: Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate intermuscular administration.

Minimised Risk Environment: An environment where risk management practices (eg risk assessment forms) have minimised the risk of (allergen) exposure.

Risk Assessment/ Health Care plan: A detailed document outlining an individual child's condition, treatment and action plan.

ALLERGY MANAGEMENT:

Procedures and Responsibilities

- The involvement of parents and staff in establishing individual risk assessments/ Health Care plans.
- The establishment and maintenance of practices for effectively communicating a child's healthcare plans to all relevant staff.
- Staff training in anaphylaxis management, including awareness of triggers, and first aid procedures to be followed in the event of an emergency.
- Age appropriate education of the children with severe food allergies.

Medical Information

- Parents will initially highlight on a child's school admission form before starting school.
- For children with a food allergy, parents will then be asked to fill out a risk assessment form with the school. This will enable parents to explain the condition, define any allergy triggers and any required medication. If needed, additional written or oral advice will be obtained from a doctor or allergy nurse.
- Any change in a child's medical condition during the year must be reported to the school.
- The Headteacher and Deputy Headteacher will ensure that, where needed, a Health Care plan is established and updated for children with allergies.

Epipen / auto-injectors

Where Epipen / auto-injectors (Adrenalin) are required in the Health Care plan:

- Parents/guardians are responsible for the provision and timely replacement of the Epipen / auto-injectors. Two Epipen / auto-injectors will be required.
- Epipen / auto-injectors are located in the first aid room. These are out of reach of children but quickly accessible for staff.
- Epipen / auto-injector training will be refreshed for all staff when we have a child that requires an Epipen / auto-injector.

Parents' Role

Parents are responsible for providing medical information about their child's allergy in writing, by filling out our initial risk assessment form for food allergies. The form includes:

- The allergen (the substance the child is allergic to).
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock).
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures – such as how the child can be prevented from getting into contact with the allergen.
- If a child has an allergy requiring an Epipen / auto-injector, or the risk assessment deems it necessary, a Health Care plan must be completed and signed by the parents.
- It is the responsibility of the parent to provide the school with up to date medication/ equipment clearly labelled in the original container.
- In the case of life saving medication like Epipen / auto-injectors the child will not be allowed to attend without it.
- Parents are also required to provide up to date emergency contact information.
- Snacks and lunches brought into school are provided by each child's parent. It is their responsibility to ensure that the contents are safe for the child to consume.
- Parents should liaise with staff about appropriateness of snacks and any food-related activities (eg cooking, science experiments)

Staff Role

Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

- If a child's admission form states that they have an allergy then the parents must fill out the risk assessment form before the child starts attending school. Any actions identified to be put in place. If a child has an allergy requiring an Epipen / auto-injector, or the risk assessment deems it necessary, a Health Care plan must be completed and signed by staff and parents.
- Upon determining that a child attending school has a severe allergy, a team meeting will be set up as soon as possible where all staff concerned attend to update knowledge and awareness of child's needs.

- All staff who come into contact with the child will be made aware of what treatment/medication is required and where any medication is stored.
- All staff will promote hand washing before and after eating.
- Snack time food is monitored by staff and are peanut, nut free and other allergens depending on the children attending. All staff will know the procedures at snack and lunch time to ensure the safety of children with allergies. However staff cannot guarantee that foods will not contain traces of nuts.
- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- As part of the staff first aid course, EpiPen / auto-injector use and storage has been discussed.
- We may ask the parent for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication will be easily accessible, especially at times of high risk.
- Staff should liaise with parents about snacks and any food-related activities; parental consent should be sought.

Actions in the event of a child suffering an allergic reaction:

- We will delegate someone to contact the child's parents.
- If a child becomes distressed or symptoms become more serious telephone 999
- Keep calm, make the child feel comfortable and give the child space.
- If medication is available it will be administered as per training and in conjunction with the Medication Policy.
- If parents or responsible adult have not arrived by the time ambulance arrives a member of staff will accompany the child to hospital

Individual Healthcare plan

Child / Young Person's Information

Personal Details

Child's Name:		
Date of Birth:		
Year Group:		
School:		
Address:		
Postcode:		

Medical condition(s): Give a brief description of the medical condition(s) including the description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

Family Contact Information

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	

Family Contact Information

	Name	Contact details
Specialist nurse (if applicable):		
Key worker		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head Teacher:		
Person implementing plan:		
Any provider of alternate provision:		

This child / young person has the following medical conditions...
...requiring the following medical treatments...

Medical condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not be administered in school? What are the side effects? (if any)	

Routine Monitoring (if applicable)

Some medical conditions will require monitoring to help manage the child / young person's condition.

See also section 10 for training monitoring training requirements.

What monitoring is required?	
When does it need to be done?	
Who does the monitoring?	
Does it require any equipment?	
How is it done?	
Is there a target?	

Emergency Situations

An emergency situation occurs whenever a child / young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	

What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

Impact on Child's Learning

How does the child's medical condition affect learning? i.e. memory, processing speed, co-ordination etc.	
Does the child require any further assessment of their learning?	

Care at Meal Times

Has a dietary requirement request form been completed (if required)?	
What other care is needed?	
When should this care be provided?	
How is it given?	
If it is medication, how much is needed?	
Any other important information?	

Physical Activity

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

Trips and Activities Away from School

What care needs to take place?	
When does it need to take place?	

Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child / young person on the trip?	

School Environment

Does the school environment affect the child's medical condition? (if so provide details)	
What changes can the school make to deal with these issues?	
Location of school medical room	

Educational, Social and Emotional Needs

Is the child / young person likely to need time off because of their condition?	
What is the progress for catching up on missed work caused by any absences?	
Does the child require extra time for keeping up with work?	
Does the child require any additional support in lessons? (include detail)	
Is there a situation where the child / young person will need to leave the classroom?	
Does the child require rest periods?	
Does the child require any emotional support?	
Does the child have a buddy? e.g. help carrying bags to and from lessons?	

Staff training

What training is required?	
Who needs to be trained?	
Provide details of courses attended? (with dates)	

Additional Information

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Sign off

	Name	Signature	Date
Young person			
Parents / carer			
Healthcare professional			
School contact			
School nurse			

Parental agreement for setting to administer medicine

The school/setting 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. Medicines must be in the original container as dispensed by the pharmacy.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Is a healthcare plan in place?	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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	
Date to begin medication:	
Date to end medication:	

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/home to school transport staff *(delete if not applicable)* administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Record of medicine administered to an individual child

Name of school/setting
 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
 Date medicine expected to run out

Staff signature _____

Signature of parent _____

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

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

C: 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

Establishment / School:	Date of assessment:
Name and signature of person/s completing this assessment:	
Overall Risk Rating (consider all hazards below): Low / Medium / High:	Who might be harmed: Pupils

Hazard	Suggested Control Measures	✓ ✗ n/a	Actions Required / Additional Information	Risk rating L / M / H
Lack of policy / communication	<ul style="list-style-type: none"> A “supporting pupils with medical needs policy” is in place. 			
	<ul style="list-style-type: none"> The school consulted on the policy with key stakeholders prior to implementation. 			
	<ul style="list-style-type: none"> The policy is referenced in the school’s health and safety policy. 			
	<ul style="list-style-type: none"> Pupils, parents/carers and school staff been informed of the school’s policy. 		Methods of communication:	

Hazard	Suggested Control Measures	✓ * n/a	Actions Required / Additional Information	Risk rating L / M / H
Unclear / unidentified responsibilities	<ul style="list-style-type: none"> Responsibilities for the management of supporting pupils with medical needs have been identified. 			
Lack of training	<ul style="list-style-type: none"> A staff training programme is in place for: <ul style="list-style-type: none"> Policy Awareness Common childhood conditions (basic awareness) General Emergency Procedures Pupil Specific Emergency Procedures Administration of medicines Intimate care procedures 		The school policy details the training programme.	
	<ul style="list-style-type: none"> A record is kept of all training. 		Location of records (all-school and individual):	
Lack of individual pupil medical information	<ul style="list-style-type: none"> Individual Healthcare plans have been created to help ensure that the school effectively supports pupils with medical conditions. 			
	<ul style="list-style-type: none"> Plans have been drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. 			
	<ul style="list-style-type: none"> A central register of Individual Healthcare plans is kept. 		Location of register:	

Hazard	Suggested Control Measures	✓ ✗ n/a	Actions Required / Additional Information	Risk rating L / M / H
	<ul style="list-style-type: none"> Parents/carers are provided with a copy of the pupil's current agreed Individual Healthcare plan. Individual Healthcare plans are shared with relevant partners as necessary but only with parental permission. Healthcare plans are reviewed on a needs basis or at least annually. 			
Incorrect Administration of Medicines	<ul style="list-style-type: none"> The school has determined what type, and in what circumstances, medicines are permitted to be administered. Written parental consent forms are obtained for all medicines administered in school. All medication brought in to school is clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose. If a pupil requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the pupil's Individual Healthcare plan. 		Location of forms:	

Hazard	Suggested Control Measures	✓ ✗ n/a	Actions Required / Additional Information	Risk rating L / M / H
	<ul style="list-style-type: none"> Parents/carers have been informed that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. The school has decided whether inhalers will be kept in school for emergency purposes. Staff have volunteered and appointed to administer medicine. A suitable room is available for the purposes of administering medication. Arrangements are in place for staff involved in the administration of medicine that requires a degree of intimate care. Records are kept of medicines administered. 		<p>Location of room:</p> <p>Location of records:</p>	
Lack of access to medicines, incorrect storage arrangements	<ul style="list-style-type: none"> All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency. Medication is stored in accordance with instructions. 			

Hazard	Suggested Control Measures	✓ ✗ n/a	Actions Required / Additional Information	Risk rating L / M / H
	<ul style="list-style-type: none"> Pupils are encouraged to carry and administer their own emergency medication, when their parents/carers and health specialists determine they are able to start taking responsibility for their condition. 			
	<ul style="list-style-type: none"> Where children have been determined not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication. Where relevant they are informed who holds the key to the storage facility. 			
	<ul style="list-style-type: none"> Arrangements are in place for the safe disposal of out- of-date medication. 			
	<ul style="list-style-type: none"> Arrangements are in place for the safe disposal of articles used for administering medication, e.g. syringes, wipes. 			
Restrictions to pupil's ability to access the school and the curriculum	<ul style="list-style-type: none"> This school has taken steps to provide a physical environment that is accessible as is reasonably practicable to pupils with medical conditions. 			
	<ul style="list-style-type: none"> This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided. 			

Hazard	Suggested Control Measures	✓ ✗ n/a	Actions Required / Additional Information	Risk rating L / M / H
	<ul style="list-style-type: none"> Pupils with medical needs are not treated less favourably and are enabled to participate in sport and PE as far as is reasonably practicable. The needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school. 			
Failure to manage pupil's medical needs on home to school transport	<ul style="list-style-type: none"> Relevant staff are provided with copies of pupil's Individual Healthcare plans as necessary. 			
Failure to manage pupil's medical needs on off site visits	<ul style="list-style-type: none"> Off-site risk assessments plan for pupils with medical conditions. Medication is available for minor ailments. 			

Hazard	Suggested Control Measures	✓ * n/a	Actions Required / Additional Information	Risk rating L / M / H
Allergies / intolerance reaction	<ul style="list-style-type: none"> Parents/carers are informed to provide information about pupil's food allergies and intolerances. Information is communicated to school catering and other necessary groups. 			
	<ul style="list-style-type: none"> School catering holds a full list of allergens for all their products and their cooks are supported in menu planning and provision for children with food allergies. 			
	<ul style="list-style-type: none"> Precautions are in place for other times where food is served. 			
	<ul style="list-style-type: none"> Additional strategies are in place for curriculum activities that may have allergens. 			

Detail additional control measures required for any foreseeable hazards associated with this activity:

Reference Documents

Full list of reference documents are available in the Trust H&S Manual.