



Supporting Pupils with Medical Conditions Policy

2020-21

*To be read in conjunction with 'Administering Medical Appendix' 2020-21
(Appendix 10)

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Statement of intent

RSA Academy has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

RSA Academy believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

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

In addition, some pupils with medical conditions may also have SEND and/or have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

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

*Please refer to the latest institutional copy of the COVID 19 Risk Assessment (July 2020).
To be reviewed as per Government updated Guidance*

Signed by:

Principal	Date:
Chair of Governors	Date:

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to other school policies including administering medication policy.

2. Roles and responsibilities

2.1. The Governing Body:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support students with medical conditions.
- Ensures that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each student and what support is required to support their individual needs.
- Instils confidence in parents/carers and students in the school's ability to provide effective support.

- Ensures that all members of staff are properly trained to provide the necessary support and can access information and other teaching support materials as needed.
- Ensures that no prospective student is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that students' health is not put at unnecessary risk. As a result, the board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The **Principal** holds overall responsibility for implementation of this policy.

2.3. The Principal:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that enough staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.

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2.4. The **SENCO** is responsible for:

- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that parents are provided with opportunities to inform the school of medical needs.
- Developing IHPs in collaboration with stakeholders
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the **School Nurse Service** where a student with a medical condition requires support that has not yet been identified.

2.5. Parents and Carers are responsible for:

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

2.6. Pupils are responsible for:

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

2.7. Role of School staff:

- Informing SENCO, if medical conditions are brought to their attention
- If identified as the 'Key worker', completing half termly reviews, as directed by the SENCO to identify whether or not the IHP is still required.
- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- Reviewing the IHP with stakeholders to identify any change of need if acting as the named key worker. Reviews should occur once every half term to ascertain if the IHP is still needed.

2.8. Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.

- Providing clinical support for pupils who have long-term conditions and disabilities.
 - Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.
- 2.9. Other healthcare professionals, including GPs, paediatricians and Sandwell's school nurse team, are responsible for:
- Notifying the medical officer when a child has been identified as having a medical condition that will require support at school.
 - Providing advice on developing IHPs.
 - Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.
- 2.10. Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the medical officer and other healthcare professionals, and participating in local outreach training.
- 2.11. The LA is responsible for:
- Commissioning school nurses for local schools.
 - Promoting cooperation between relevant partners.
 - Making joint commissioning arrangements for EHC provision for pupils with SEND.
 - Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
 - Working with the school to ensure that pupils with medical conditions can attend school full-time.
- 2.12. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.
- 2.13. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.
- 2.14. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND.

3. Admissions

- 3.1. No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

4. Notification procedure

- 4.1. When the school is notified that a pupil has a medical condition that requires support in school, the [staff member](#) will inform the [SENCO](#). Following this, the school will

arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in Section 7).

- 4.2. The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the **SENCO** based on all available evidence (including medical evidence and consultation with parents).
- 4.3. Consultation will be made relevant external agencies when uncertainty exists over the identification of medical issues
- 4.4. For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution.
- 4.5. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

- 5.1. Staff will not undertake healthcare procedures or administer medication without appropriate training.
- 5.2. Training needs will be assessed by the **SENCO** through the development and review of IHPs in collaboration with the school Medical Officer on a **termly** basis for all school staff, and when a new staff member arrives.
- 5.3. Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.
- 5.4. The **SENCO** will confirm the proficiency of staff in performing medical procedures or providing medication.
- 5.5. Where proficiency does not exist or where complex medical cases exist, the SENCO will retain control and responsibility of these cases.
- 5.6. The SENCO retains the ability to decide whether or not a case should be considered complex.
- 5.7. A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.
- 5.8. Whole-school awareness training will be carried out on a **Yearly** basis for all staff, and included in the induction of new staff members.
- 5.9. The **SENCO** will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 5.10. Parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

- 5.11. The [SENCO](#) will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

6. Self-management

- 6.1. Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.
- 6.2. Where possible, pupils will be allowed to carry their own medicines and relevant devices.
- 6.3. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily.
- 6.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.
- 6.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our [behaviour policy](#).

7. Cover – Supervisors

- 7.1. Cover Supervisors are:
- Provided with access to this policy.
 - Informed of all relevant medical conditions of students in the class they are providing cover for.
 - Covered under the school's insurance arrangements.

8. IHPs

- 8.1. The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the [SENCO](#) will make the final decision.
- 8.2. The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.
- 8.3. IHPs will include the following information:
- An identified key worker alongside the medical officer who will act as an additional point of contact for parents if medical needs change, completing half-termly maintenance reviews.

- The medical condition, along with its triggers, symptoms, signs and treatments.
 - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.
 - The support needed for the pupil's educational, social and emotional needs.
 - The level of support needed, including in emergencies.
 - Whether a child can self-manage their medication.
 - Which stakeholders will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
 - Cover arrangements for when the named supporting staff member is unavailable.
 - Who needs to be made aware of the pupil's condition and the support required.
 - Arrangements for obtaining written permission from parents and the [SENCO](#) for medicine to be administered by school staff or self-administered by the pupil.
 - Separate arrangements or procedures required during school trips and activities.
 - Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
 - What to do in an emergency, including contact details and contingency arrangements.
- 8.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.
- 8.5. IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.
- 8.6. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 8.7. Where a pupil has an EHC plan, the IHP will be linked to it or become part of it.
- 8.8. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.
- 8.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

9. Managing medicines

- 9.1. In accordance with the school's [Administering Medication Appendix](#), medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 9.2. All medication will be administered by reception staff due to their continuous and centralised presence in the academy.
- 9.3. Medication logs will be kept by reception staff and will be completed after each instance of medication being provided to students.
- 9.4. Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentiality.
- 9.5. Non-prescription medicines may be administered in the following situations:
 - **When it would be detrimental to the pupil's health not to do so**
 - **When instructed by a medical professional**
- 9.6. No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.
- 9.7. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 9.8. The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 9.9. Staff to **conduct** half-termly reviews of medication, informing SENCO and Medical Officer if any medication is out of date.
- 9.10. All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility.
- 9.11. When medicines are no longer required, they will be returned to parent / carer for safe disposal.
- 9.12. Sharps boxes located in the first aid rooms will be used for the disposal of needles and other sharps by an authorised disposal contractor.
- 9.13. Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an

emergency. A record will be kept of the amount of controlled drugs held and any doses administered.

- 9.14. The school will hold asthma inhalers for emergency use. The inhalers will be stored at reception, KS3 & KS4 medical rooms.
- 9.15. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.
- 9.16. Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

10. Adrenaline auto-injectors (AAIs)

- 10.1. The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with this policy.
- 10.2. A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 10.3. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 10.4. Pupils who have prescribed AAI devices can keep their device in their possession but it is preferred if they do not unless necessary as part of their IHP or equivalent.
- 10.5. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 10.6. In the event of anaphylaxis, a designated staff member will be contacted.
- 10.7. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 10.8. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.
- 10.9. The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date.
- 10.10. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures.
- 10.11. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- 10.12. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 10.13. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 10.14. Where a pupil is or appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 10.15. In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device.

- 10.16. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:
- Where and when the reaction took place
 - How much medication was given and by whom
 -
- 10.17. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.
- 10.18. For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.
- 10.19. AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 10.20. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

11. Record keeping

- 11.1. In accordance with this policy, written records will be kept of all medicines administered to pupils.
- 11.2. Proper record keeping will protect both staff and pupils and provides evidence that agreed procedures have been followed. Appropriate authorities are informed of any serious incidents and recorded under RIDDOR where required.
- 11.3. Appropriate forms for record keeping can be found in [Appendix D](#) and [Appendix E](#) of this policy.

12. Emergency procedures

- 12.1. Medical emergencies will be dealt with under the school's emergency procedures.
- 12.2. Where an IHP is in place, it should detail:
- What constitutes an emergency.
 - What to do in an emergency.
- 12.3. Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.
- 12.4. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents / carer arrive.
- 12.5. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

13. Day trips, residential visits and sporting activities

Copy of Risk Assessment from Matt Foreman EVC(Educational Visits Co-ordinator)

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

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

14. Unacceptable practice

14.1. The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

15. Liability and indemnity

- 15.1. The Central RSA Academies Trust Academies Trust will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 15.2. The school holds an insurance policy with RPA covering liability relating to the administration of medication. The policy has the following requirements:
- All staff must have undertaken appropriate training.
- 15.3. The school holds an insurance policy with name of policy provider covering healthcare procedures. The policy has the following requirements:
- All staff must have undertaken appropriate training.
- 15.4. All staff providing such support will be provided with access to the insurance policies.
- 15.5. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

16. Complaints

- 16.1. Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 16.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.
- 16.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 16.4. Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17. Home-to-school transport

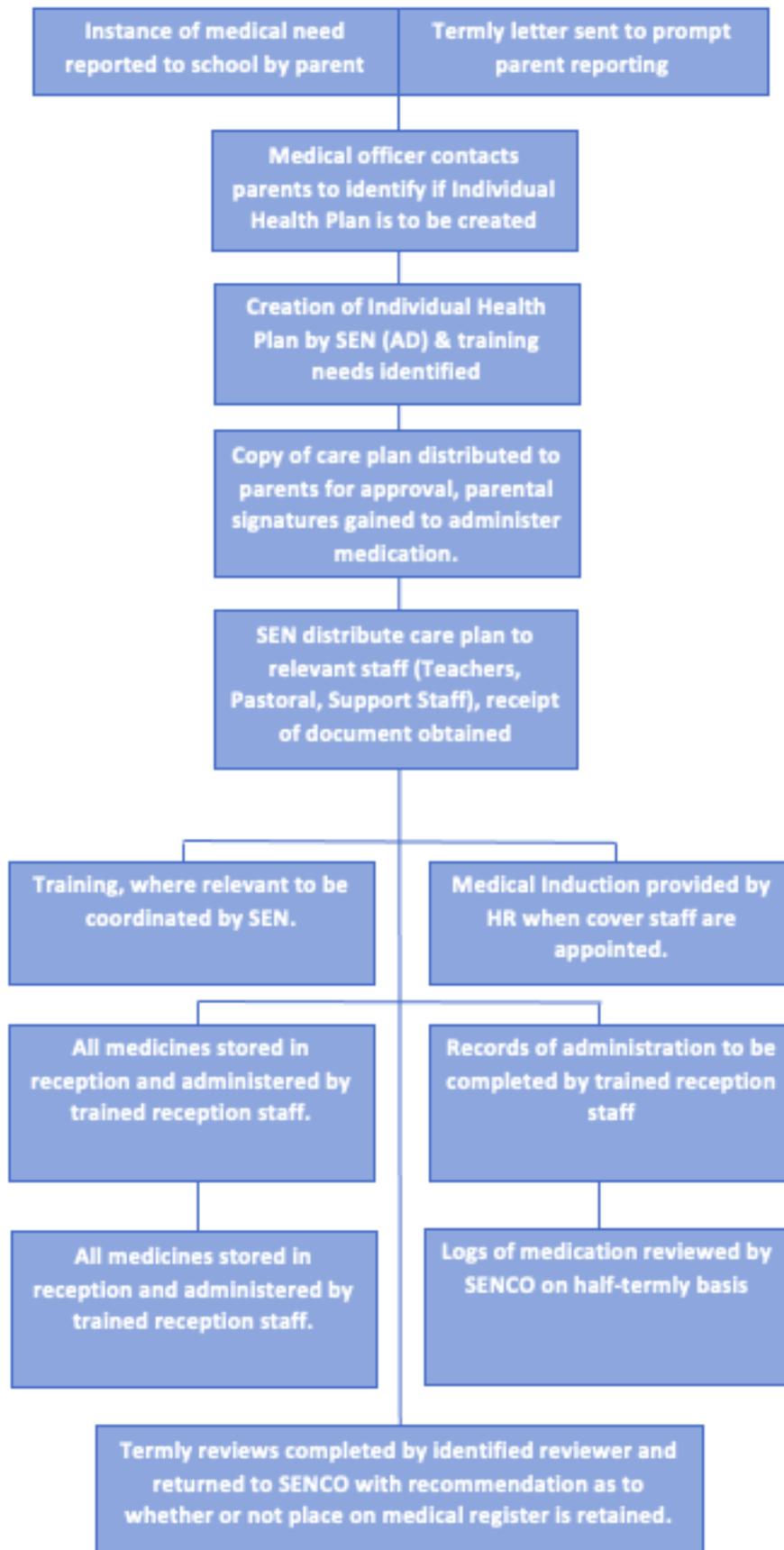
- 17.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 17.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

18. Defibrillators

- 18.1. The school has a [Mediana HeartOn A15](#) automated external defibrillator (AED) which is located in the Main Reception area of the Academy.
- 18.2. The AED will be stored in an unlocked, cabinet for ease of access.
- 18.3. All staff members and pupils will be made aware of the AED's location and what to do in an emergency.
- 18.4. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed [annually](#).
- 18.5. No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- 18.6. The emergency services will always be called where an AED is used or requires using.
- 18.7. Maintenance checks will be undertaken on AEDs on a [weekly](#) basis by [a first aid staff member \(Estates Team\)](#), who will also keep an up-to-date record of all checks and maintenance work.

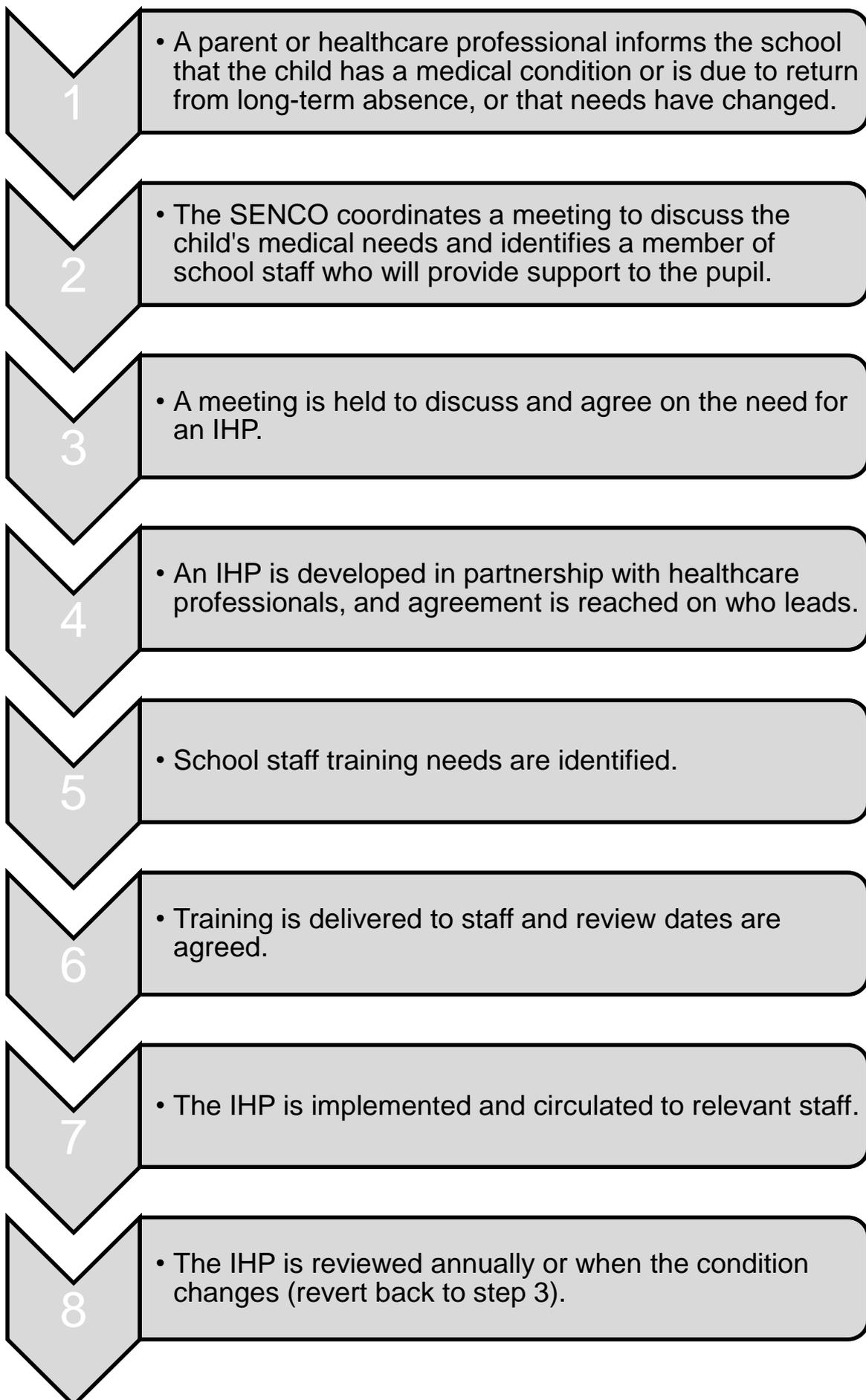
Appendix 1

▲ MEDICAL POLICY – FLOW



Appendix 2

Individual Healthcare Plan Implementation Procedure



Appendix 3

Individual Healthcare Plan

Pupil's name:

--

Group/class/form:

--

Date of birth:

--

Pupil's address:

--

Medical diagnosis or condition:

--

Date:

--

Review date:

--

Reviewer/Key Worker

--

Family contact information

Name:

--

Relationship to pupil:

--

Phone number (work):

--

(home):

--

(mobile):

--

Name:

--

Relationship to pupil:

--

Phone number (work):

--

(home):

--

(mobile):

--

Clinic/hospital contact

Name:

Phone number:

Child's GP

Name:

Phone number:

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:

Daily care requirements:

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

Arrangements for school visits and trips:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed or undertaken – who, what, when:

--

Which members of staff need to be informed?

--

Is there a requirement for a risk assessment?

--

Review (Reviews should be undertaken each half term)

Reviewer

--

Date of Review

--

Outcome of Review
(maintained/completed)

--

Have any set or teacher changes
occurred since last review?

--

Appendix 4

Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by:

Name of child:

Date of birth:

Group/class/form:

Medical condition or illness:

Medicine

Name and/or type of medicine
(as described on the container):

Expiry date:

Dosage and method:

Timing:

Special precautions and/or other instructions:

Any side effects that the school needs to know about:

Self-administration – Yes/No:

Procedures to take in an emergency:

NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name:

--

Daytime telephone number:

--

Relationship to child:

--

Address:

--

I will personally deliver the medicine to:

--

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature _____

Date _____

Appendix 5

Record of Medicine Administered to an Individual Pupil

Name of pupil:
Group/class/form:
Date medicine provided by parents:
Quantity received:
Name and strength of medicine:
Expiry date:
Quantity returned:
Dose and frequency of medicine:

Staff signature: _____

Parent signature: _____

Date:
Time given:
Dose given:
Name of 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:

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

Date:			
Time given:			

Dose given:

Name of member of staff:

Staff initials:

Appendix 6

Staff Training Record – Administration of Medication

Name of school:

Name of staff member:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the SENCO.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date: _____

Appendix 7

Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: **0121 556 1351**
- Your name.
- Your location as follows:
RSA Academy, Bilston Road, Tipton, West Midlands,
- The postcode: DY4 0BZ
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.

Appendix 8

Letter Inviting Parents to Contribute to IHP Development

Address line one

Address line two

Town/city

Postcode

Date

RE: Developing an individual healthcare plan (IHP) for your child

Dear parent,

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an IHP to be prepared, setting out what support each pupil needs and how this will be provided. IHPs are developed in partnership with the school, parents, pupils (where appropriate), and the relevant healthcare professionals who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

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

A meeting to start the process of developing your child's IHP has been scheduled for date. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the SENCO), a relevant healthcare professional and the medical officer. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached IHP template and return it to the school office, together with any relevant evidence, for consideration at the meeting.

[Attach appendix a, Individual Healthcare Plan, to this letter.]

I would be happy for you contact me via email address or phone number if this would be helpful.

Yours sincerely,

Name

Job role

Appendix 9

Letter Inviting Parents to inform school of medical condition

Identification of Medical Needs

Dear parent,

I am writing to you as the Assistant Principal – SENCO. To ensure that we have up to date medical records on students, we aim to regularly write to parents to ensure that new and existing medical needs are identified.

If your child has developed a new medical condition, or has a medical condition that has recently changed, please contact the school medical officer on the e-mail provided below.

Miss A Dixon – Medical Officer – dixon.a@rsaacademy.org

Alternatively, the school's website has a form that will enable you to report any new medical needs or changes to existing needs.

Please additionally communicate with the school medical officer or use the function of the school's website to identify whether or not your child is receiving any specialist involvement such as CAMHS.

Upon receiving information, we will contact you directly to ascertain whether or not an 'Individual Health Plan' will be required. An Individual Health Plan will be required for all students who are required to take medication on the school premises.

If it is deemed that your child requires an 'Individual Health Plan' we will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within IHPs will depend on the complexity of their condition and the degree of support needed. A meeting to discuss and develop the 'Individual Health Plan' will be arranged.

If you have any further questions, please do not hesitate to contact the medical officer via the details above.

Yours sincerely,

Name

Job role

RSA Academy

Administering Medication Appendix

Contents:

Statement of intent

20. Legal framework
21. Definitions
22. Key roles and responsibilities
23. Training of staff
24. Medication
25. Individual healthcare plans
26. Monitor and review

Appendices

- a) Parental Agreement Form
- b) Individual Healthcare Plan Template

Statement of intent

RSA Academy will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.

The school is committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

19. Legal framework

19.1. This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- DfE 'Supporting pupils at school with medical conditions' 2015

20. Definitions

- 20.1. **RSA Academy** defines "medication" as any prescribed or over the counter medicine.
- 20.2. **RSA Academy** defines "prescription medication" as any drug or device prescribed by a doctor.
- 20.3. **RSA Academy** defines a "staff member" as any member of staff employed at the school, including teachers.
- 20.4. For the purpose of this policy, "medication" will be used to describe all types of medicine.

21. Key roles and responsibilities

- 21.1. The **Principal** has overall responsibility for the implementation of the Administering Medication Policy and procedures of **RSA Academy**
- 21.2. The **Principal** has overall responsibility of ensuring that the Administering Medication Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 21.3. The **governing body** is responsible for handling complaints regarding this policy, as outlined in the school's **Complaints Policy**.
- 21.4. The **Academies Trust** is responsible for ensuring the correct level of insurance is in place for the administration of medication.
- 21.5. The **SENCO** is responsible for ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to information needed.
- 21.6. The **SENCO** is responsible for ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of pupils with medical conditions are properly supported.
- 21.7. The **Principal** will manage any complaints or concerns regarding the support provided or administration of medicine using the school's **Complaints Procedure Policy**.

- 21.8. The **SENCO** is responsible for the day-to-day implementation and management of the Administering Medication Policy and relevant procedures of **RSA Academy**.
- 21.9. The **SENCO** is responsible for ensuring that appropriate training is undertaken by staff members administering medication.
- 21.10. The headteacher is responsible for ensuring that staff members understand the local emergency services' cover arrangements and that the correct information is provided for the navigation system.
- 21.11. **The SENCO** identifies a designated member of staff who is responsible for overseeing insulin injections for diabetic pupils as is named on their IHPs.
- 21.12. The administration of insulin injections will be treated as medication and logs will be kept in accordance with this policy.
- 21.13. Staff, including teachers, support staff and volunteers, are responsible for following the policy and for ensuring pupils do so also.
- 21.14. Staff, including teachers, support staff and volunteers, are responsible for implementing the agreed policy fairly and consistently.
- 21.15. If a pupil is sent to hospital, at least one member of staff will accompany the pupil until their parent/carer has arrived.
- 21.16. Parents/carers are expected to keep the school informed about any changes to their child/children's health.
- 21.17. Parents/carers are expected to complete a medication administration form (appendix A) prior to bringing medication into school.
- 21.18. Parents/carers are expected to discuss medications with their child/children prior to requesting that a staff member administers the medication.
- 21.19. Were students with medical needs engage in school trips or external activities, the advice of the SENCO must be sought. Support for medical needs and the potential administration of medication on trips must be approved by the SENCO and should be explicitly mentions on trip risk assessments.
- 21.20. In the case of staff absence, the **SENCO** is responsible for organising another appropriately trained individual to take over the role of administering medication.
- 21.21. It is both staff members' and pupils' responsibility to understand what action to take in general terms during a possible medical emergency, such as raising the alarm with the medical officer or other members of staff.

22. Training of staff

- 22.1. Teachers and support staff will receive training on the Administering Medication Policy as part of their new starter induction.

- 22.2. Teachers and support staff will receive regular and ongoing training as part of their development.
- 22.3. The **SENCO** will ensure that a sufficient number of staff are suitably trained in administering medication.
- 22.4. All relevant staff will be made aware of a pupil's medical condition.
- 22.5. The Cover Supervisor will ensure that supply teachers are appropriately briefed regarding pupils' medical conditions.
- 22.6. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
- 22.7. The **SENCO** will provide staff members with opportunities and details of CPD.
- 22.8. **RSA Academy** will provide whole-school awareness training so that all staff are aware of the Administering Medication Policy and understand their role in implementing the policy.

23. Medication

- 23.1. Prior to staff members administering any medication, the parents/carers of the pupil must complete and sign a medication administration form
- 23.2. No pupil under the age of 16 will be given medicines without written parental consent.
- 23.3. Under no circumstance will a pupil under the age of 16 be given aspirin unless there is evidence that it has been prescribed by a doctor.
- 23.4. Medicines must be in date, labelled, and provided in the original container with dosage instructions. Medicines which do not meet these criteria will not be administered, with the exception of insulin which is acceptable to use if it is in date but in a different container, such as an insulin pen.
- 23.5. Before administering medicine, maximum dosages and when the previous dose was taken will be checked.
- 23.6. A maximum of four weeks' supply of medication may be provided to the school.
- 23.7. When medicines are no longer required, they will be returned to the parents/carers of the pupil.
- 23.8. Needles and sharp objects will always be disposed of in a safe way, such as using 'sharp boxes'.
- 23.9. Medications will only be administered at school if it would be detrimental to the child not to do so.
- 23.10. Medications will be stored securely in the reprographics office and can be easily accessed and administered in **Reception**

- 23.11. In the event of a school trip or activity which involves leaving the school premises, medicines and devices, such as insulin pens and asthma inhalers, will be readily available to staff and pupils.
- 23.12. Only suitably qualified staff will administer a controlled drug.
- 23.13. Staff members have the right to refuse to administer medication. If a class teacher does refuse, **SENCO** will delegate the responsibility to another staff member.
- 23.14. Any medications left over at the end of the course will be returned to the pupil's parent/carer.
- 23.15. Written records will be kept for any medication administered to pupils.
- 23.16. Pupils will never be prevented from accessing their medication.
- 23.17. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.
- Parents/carers will be consulted before a pupil is given approval to be responsible for their own medication.
 - These arrangements will be reflected in their individual healthcare plan (IHCP).
- 23.18. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHCP and parents/carers will be informed so that alternative options can be considered.
- 23.19. **RSA Academy** cannot be held responsible for side effects which occur when medication is taken correctly.
- 23.20. Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements about what support to provide will be based on the available evidence, including a consultation with parents/carers.

24. Individual healthcare plans

- 24.1. For chronic or long-term conditions and disabilities, an IHCP will be developed in liaison with the pupil, parents/carers, special educational needs coordinator (SENCO) and medical professionals.
- 24.2. When deciding what information should be recorded on a IHCP (see appendix B), the governing body will consider the following:
- The medical condition, as well as its triggers, signs, symptoms and treatments
 - The pupil's resulting needs, such as medication (the correct dosage and possible side effects), equipment and dietary requirements
 - The specific support needed for the pupil's educational, social and emotional needs

- The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual where confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

24.3. The Principal will ensure that IHPs are reviewed at least yearly. IHPs will be routinely monitored throughout the year by the SENCO

Appendix 11 – Risk Assessment

GENERAL RISK ASSESSMENT FORM			RSA Academy
PART A. ASSESSMENT DETAILS:			
Area/task/activity: First Aid Risk Assessment			
Location of activity: RSA Academy			
Team/School name: Address & Contact details:	RSA Academy Bilston Road Tipton	Name of Person(s) undertaking Assessment:	
		Signature(s):	
Line manager/Head Teacher (Name & Title):	Helen Tanner	Date of Assessment:	
Signature:		Step 5 Planned Review Date: (Minimum 24 months)	
How communicated to staff:	By e-mail	Date communicated to staff:	

PART B1. HAZARD IDENTIFICATION AND CONTROL MEASURES:

Step 1 Identify significant hazards	Step 2 Identify who might be harmed and how		Step 3 identify precautionary measures already in place
List of significant hazards (something with the potential to cause harm)	Who might be harmed?	Type of harm	Existing controls (Actions already taken to control the risk)
Inadequate Emergency Response	Employees, Agency or Casual Staff Visitors, Contractors, Pupils	Serious injury	<input type="checkbox"/> School is situated close to two major hospitals and the estimated time for an ambulance to arrive on site is within 15 minutes.

Inadequate provision of first aid	Employees, Pupils, Agency or Casual Staff Visitors, Contractors	Serious injury	<input type="checkbox"/> The numbers of first aiders within the school establishment are monitored to ensure adequate provision is retained during the normal working hours of 0730-1700 hrs. <input type="checkbox"/> Managers are responsible for ensuring staff working outside these hours have adequate provision. <input type="checkbox"/> Managers are responsible for assessing whether the current arrangements within the school are adequate for their staff and the areas of work for which they are responsible and, if not, take action to fulfil any gaps in local arrangements e.g. arrange specialist first aider training. New 'Schools First Aid' has been attended by First Aiders'. <input type="checkbox"/> A number of staff have First Aid training. First Aid lists displayed in office, staff room and medical room. <input type="checkbox"/> Regular specialist training for administration of Auto-Adrenaline Injector for Anaphylaxis. Up to date lists displayed in office, staff room and medical room.
Inadequate first aid treatment	Employees, Pupils, Agency or Casual Staff Visitors, Contractors	Serious injury	<input type="checkbox"/> All first aiders included on the list for the school have successfully completed a 2 day re-qualification course (or three days for newly trained First Aiders) to ensure certificates and knowledge are kept up-to-date. <input type="checkbox"/> A number of staff have been trained in the operation of the defibrillator which is housed at the front of the school. Monthly monitoring checks of the equipment are carried out by the caretaker.

<p>Unaware of how to summon first aid provision or an ambulance</p>	<p>Employees, Agency or Casual Staff Visitors, Contractors</p>	<p>Serious injury</p>	<ul style="list-style-type: none"> □ Managers are responsible for ensuring any new staff are made aware of first aid arrangements by performing an induction which includes this. Adequate information must also be provided to contractors and visitors for whom managers are responsible. □ Managers are responsible for a list of first aiders to be prominently displayed in each work area. Office, staff room and medical room. Employees' Responsibilities: <ul style="list-style-type: none"> ○ In the event of someone being injured, if it is considered serious and that an ambulance is required, you must ring for an ambulance using the procedure laid out below. ○ Locate the nearest qualified first aider (from hard copy lists on notice boards). If they are unavailable, select the next nearest first aider accordingly. ○ Give the location and symptoms if known to the first aider. ○ Keep the casualty warm, comfortable and above all as still as possible. ○ On arrival, the first aider will take control and issue instructions accordingly. □ Ambulance Procedure: <ul style="list-style-type: none"> ○ Dial 9(999) ask for ambulance service, give brief details of type of casualty and ask for the ambulance to attend main entrance. ○ Ensure reception/office staff are aware advising them that an ambulance has been called to an incident in the school/Nursery. Arrange for someone to meet the ambulance at the main reception and escort the ambulance crew to the location of the incident. ○ Child specific protocols are in place for Anaphylaxis. Copies of this protocol are kept with child's medication in medical room, class room and there is a red folder in office. Should an ambulance need to be called for one of these children with a protocol, very specific information on the protocol is to hand.
<p>Insufficient first aid supplies</p>	<p>Employees, Agency or Casual Staff Visitors, Contractors</p>	<p>Serious injury</p>	<ul style="list-style-type: none"> □ Managers are responsible for providing first aiders with an appropriately stocked kit to enable them to undertake their role. □ The supplies must be suitable to deal with the type of injuries likely to be received within that area. The H&S web site provides advice and guidance on this subject.

			<ul style="list-style-type: none"> <input type="checkbox"/> First Aiders are responsible for keeping check on the stock levels and expiry dates on supplies within their own kits and for requesting any replenishment via their line manager or local ordering procedure. The <input type="checkbox"/> First aid kits are to be stocked with the contents of a protection kit as standard e.g. gloves to reduce the risk of transfer of contaminated bodily fluids. <input type="checkbox"/> In addition, first aid supplies are available at controlled points within the school establishment
Trips, falls & Bumps to the head	Pupils	Minor Injury	<ul style="list-style-type: none"> <input type="checkbox"/> All injured children to see a First Aider. <input type="checkbox"/> Children to receive First Aid treatment & Cold Compress as required. <input type="checkbox"/> Letters, texts or phone calls are currently used if child has nose bleed or takes their inhaler at school. <input type="checkbox"/> Minor accidents to be recorded in the Minor First Aid book. <input type="checkbox"/> Serious accidents e.g. broken bones, stitches to be recorded on form (school office). Headteacher MUST be informed. <input type="checkbox"/> Phone calls to parents/carers as required. <input type="checkbox"/> If in doubt, check injuries with First Aid & Site Staff in absence. <input type="checkbox"/> Parents/Carers to inform school of any medical conditions. <input type="checkbox"/> Parents/Carers to inform school of up-to-date emergency contact details. <input type="checkbox"/> Injured children are not to be left unsupervised.

This general risk assessment will apply to this area/task/activity in most teams/schools providing the control measures described are in operation and there are no further local significant hazards. If it does not fully apply, please go to Part B2 on the next page. If it fully applies please sign below.

I certify that the risk assessment above fully applies to the area/task/activity under assessment in
..... (Name of team/school)

Signed:

Name:

Risk Assessor.

If the control measures described are not in operation and further action is required or there are further local significant hazards please record these here, transfer any actions required to the Action Plan at Part C below and sign off below. Do not sign off above if further actions are required.

PART B2. HAZARD IDENTIFICATION AND CONTROL MEASURES:			
Further significant hazards	Who might be harmed?	Type of harm	Existing controls (Actions already taken to control the risk)

I certify that the assessment for the task/activity above covers all the significant hazards applicable(name of Team /School).

Signed:

Name:

(Line Manager/Headteacher).

