

THE EDUCATION VILLAGE ACADEMY TRUST



**Supporting Pupils with
Medical Conditions
Policy**

EVAT Version Control Document

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Monitoring and review

This policy is reviewed **annually** by the Policy Owners: **Caroline Green and the Health & Safety Manager**

The scheduled review date for this policy is **March 2025**

Values and Ethos

Our values and ethos are inclusive and child centred. Our Trust is founded on the principles of inclusivity, diversity and fairness, and they are fundamental to our delivery of exceptional learning experiences.

EVAT stands for:

- **E**xcellence and high standards
 - a can-do culture and no-excuses ethos
- **V**alues driven with a deep sense of purpose
 - putting children and young people first
 - behaving ethically
- **A**mbition and aspiration for all
 - irrespective of background or barriers – being truly inclusive
- **T**eamwork
 - we do more, better and faster, together

We are a village. We collaborate, with our learners, their families and our communities, to provide exceptional education so that all the children and young people we serve achieve the best possible outcomes.

Our Ethos is to:

- Create a nurturing and friendly atmosphere and provide an environment where everyone feels valued for who they are
- Bring out the best in every child and young person and meet the full range of their individual needs
- Provide different and unique experiences, challenges and activities
- Show tolerance and respect for each other
- Prepare our children and young people for lifelong learning
- Improve the life chances of every child and young person we serve.
- schools and the social and economic environments in which they operate

This policy, and its associated procedures and protocols, are based on these key principles.

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Where reference is made to an 'Academy' or a 'School' the intention is that the policy is universal and applies to both. Any reference to Principal may also include another member of ELT or SLT.

1. Statement of intent

The Board of Directors of EVAT 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 allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

EVAT believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that Pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety, and depression, and be subject to bullying. This policy aims to minimise the risks of Pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

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 have an education, health, and care (EHC) plan collating their health, social and SEND provision. For these Pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's 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/carers.

2. Plan Remit

All Trust premises are covered by this plan.

3. Plan Owners

The policy's owners are responsible for ensuring that it is maintained, exercised, and updated in accordance with Trust Policy.

4. Legal Framework

4.1 Statutory Legislation and Guidance

This policy has due regard to all relevant legislation and guidance 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
- DfE (2022) 'First aid in schools, early years and further education'

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 (2022) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

4.2 Trust Policies and Procedures

This policy is to be read in conjunction with the following Trust policies and procedures:

- Administration of Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- First Aid Policy
- Health and Safety Policy
- Automated External Defibrillators (AED) Procedure.
- Individual school SEND Policy
- Drug Education Policy
- Asthma / Emergency Inhalers Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedure Policy
- Transport Policy
- Educational Visits Policy
- Attendance and Absence Policy

- Admissions Policy
- Pupils with Additional Health Needs Attendance Policy

5. Key roles and responsibilities

5.1 The Board of Trustees:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Encourages a culture of support for all pupils within the Trust's schools.

5.2 The Principal/Head of School

- Ensures that pupils with medical conditions can, wherever possible, access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners, and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.
- Considers recruitment needs for the specific purpose of ensuring pupils 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.
- Contacts the school nursing team where a pupil with a medical condition requires support that has not yet been identified.

5.3 Parents/Carers:

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

5.4 Pupils:

- Are fully involved in discussions about their medical support needs, where appropriate
- Contribute to the development of their IHP, where appropriate

5.5 EVAT Staff:

- May be asked to provide support to pupils with medical conditions, 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.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

5.6 School Nurses:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition, which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

5.7 Integrated Care Systems (ICS's):

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

5.8 Other Healthcare Professionals:

Including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

5.9 Providers of Health Services:

Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

5.10 Local Authorises:

- Commissions school nurses for local schools
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for Pupils with SEND
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that Pupils with medical conditions can attend school full-time.

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

5.11 Ofsted:

- Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.
- Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

6. Admissions

- 6.1 No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 6.2 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.

7. Notification procedure

- 7.1 When the school is notified that a pupil has a medical condition that requires support in school, the school nurse informs the Principal. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP.
- 7.2 The school does 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 is made by the Principal based on all available evidence (including medical evidence and consultation with parents/carers).
- 7.3 For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- 7.4 Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

8. Staff training and support

- 8.1 Any staff member providing support to a pupil with medical conditions receives suitable training.
- 8.2 Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 8.3 Training needs are assessed by academy staff in conjunction with the school nurse through the development and review of IHPs.
- 8.4 Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 8.5 The school nurse/other health care professional confirms the proficiency of staff in performing medical procedures or providing medication.
- 8.6 A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 8.7 Whole-school awareness training is included in the induction of new staff members.
- 8.8 The academy staff in conjunction with the school nurse identifies 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.
- 8.9 Training is commissioned by EVAT and provided by the following bodies:
 - Commercial training provider
 - School nurse/ other health care professionals involved with the pupil.
 - Parents/carers of pupils with medical conditions
- 8.10 Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 8.11 Each academy's CPD lead provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

9. Self-Management

- 9.1 Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- 9.2 Where possible, pupils are allowed to carry their own medicines and relevant devices.

- 9.3 Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 9.4 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 is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- 9.5 If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with Trust policies.

10. Supply Staff

Supply staff are:

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

11. Individual Healthcare Plans (IHPs)

- 11.1 The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Principal makes the final decision.
- 11.2 The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.
- 11.3 IHPs include the following information:
- The medical condition, along with its triggers, symptoms, signs, and treatments
 - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
 - The support needed for the pupil's educational, social and emotional needs.
 - The level of support needed, including in emergencies.
 - Whether a child can self-manage their medication
 - Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
 - Cover arrangements for when the named supporting staff member is unavailable.

- Who needs to be made aware of the pupil's condition and the support required.
 - Arrangements for obtaining written permission from parents/carers and the Principal 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 parent/carer(s) 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
- 11.4 Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.
- 11.5 IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 11.6 IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 11.7 Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.
- 11.8 Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.
- 11.9 Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

12. Managing Medicines

- 12.1 The administration of medication will be carried out in accordance with the Trust's Administration of Medication Policy.
- 12.2 In accordance with the Trust's Administration of Medication Policy, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 12.3 Pupils are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.
- 12.4 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

- 12.5 No pupil is given medicine containing aspirin unless prescribed by a doctor.
- 12.6 Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 12.7 Parents/carers are informed any time medication is administered that is not agreed in an IHP.
- 12.8 The school only accepts medicines that are in-date, labelled, in their original container, and that 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.
- 12.9 All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- 12.10 When medicines are no longer required, they are returned to parents/carers for safe disposal or if parents fail to pick up medication are destroyed by EVAT. Sharps boxes are always used for the disposal of needles and other sharps.
- 12.11 Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the number of controlled drugs held and any doses administered.
- 12.12 The Trust holds asthma inhalers for emergency use. The inhalers are stored throughout EVAT and their use is recorded. Inhalers are always used in line with the school's Asthma and Emergency Inhaler Policy, which should be read in conjunction with this policy.
- 12.13 Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 12.14 Records are kept of all medicines administered to individual Pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

13. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

- 13.1 The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.
- 13.2 Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

- 13.3 The Academies and catering team (Chartwells) will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.
- 13.4 The catering team (Chartwells) will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.
- 13.5 Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.
- 13.6 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.
- 13.7 In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will consider taking the spare AAI in case of an emergency.
- 13.8 Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy

14. Adrenaline Auto-Injectors (AAIs)

- 14.1 The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the Trust's Allergen and Anaphylaxis Policy.
- 14.2 A Register of 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.
- 14.3 Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 14.4 In Secondary EVAT provisions pupils who have prescribed AAI devices are able to keep their device in their possession, where appropriate
- 14.5 In Primary EVAT provisions pupils who have prescribed AAI devices, and are over the age of seven and where it is appropriate, are able to keep their device in their possession.
- 14.6 For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central locations within each school.
- 14.7 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.

- 14.8 In the event of anaphylaxis, a designated staff member will be contacted.
- 14.9 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.
- 14.10 If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the pupil needs restraining.
- 14.11 Parent/carers are to provide a second emergency AAI to the school. This spare emergency AAI will act as a backup and will be used if the first AAI fails to operate.
- 14.12 The spare AAI will be stored securely ensuring that it is protected from direct sunlight and extreme temperatures.
- 14.13 Each Academy will check their held spare AAI on a monthly basis to ensure that it remains in date and will contact the parents/carers when it approaches its expiry date in order for it to be replaced.
- 14.14 The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- 14.15 Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 14.16 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.
- 14.17 Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 14.18 In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's first or second device.
- 14.19 Where any AAIs are used, the following information will be recorded on the **AAI Record**:
- Where and when the reaction took place
 - How much medication was given and by whom.
- 14.20 For children under the age of six, a dose of 150 micrograms of adrenaline will be used.
- 14.21 For children aged 6-11 years, a dose of 300 micrograms of adrenaline will be used.
- 14.22 For children aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.

- 14.23 AAls will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 14.24 In the event of a school trip, pupils at risk of anaphylaxis will have their own AAl with them and the school will give consideration to taking the spare AAl in case of an emergency.

15. Record Keeping

- 15.1 Written records are kept of all medicines administered to pupils.
- 15.2 Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.
- 15.3 Appropriate forms for record keeping can be found in the appendix section of this policy.

16. Emergency Procedures

- 16.1 Medical emergencies are dealt with under the school's emergency procedures.
- 16.2 Where an IHP is in place, it should detail:
- What constitutes an emergency
 - What to do in an emergency
- 16.3 Pupils are informed in general terms, where appropriate, of what to do in an emergency, such as telling a teacher.
- 16.4 Staff are to inform the following of any 999 emergency call:
- The Academy/School Principal
 - The Trust Estates Manager
 - The Parent(s)/Carer(s)
- 16.5 If a Pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.
- 16.6 When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems. (If transporting in their own vehicle, staff must have business insurance cover to carry this activity out in line with the Trust Transport Policy)
- 10.7 This policy is to be read in conjunction with the First Aid Policy, Health & Safety policy and transport policy.

17. Day Trips, Residential Visits and Sporting Activities

- 17.1 Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 17.2 Prior to an activity taking place, the school conducts 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 is sought from pupils, parents/carers and relevant medical professionals.
- 17.3 The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

18. Unacceptable Practice

- 18.1 EVAT schools will never:
 - 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 and/or their parents/carers.
 - 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 a medical room alone or with an unsuitable escort.
 - Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
 - Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The EVAT will ensure that no parent/carer is made to feel that they have to give up working because the school is failing 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.

19. Liability and Indemnity

- 19.1 The Board of Directors ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 19.2 EVAT holds an insurance policy with Risk Protection Arrangement (RPA) covering liability relating to the administration of medication. The policy has the following requirements:
 - All staff must have undertaken appropriate training.

- 19.3 EVAT holds an insurance policy with Risk Protection Arrangement (RPA) covering healthcare procedures. The policy has the following requirements:
- All staff must have undertaken appropriate training.
- 19.4 All staff providing such support can, if requested, have access to the insurance policies.
- 19.5 In the event of a claim alleging negligence by a member of staff, civil actions will be brought against the school, not the individual.

20. Complaints

- 20.1 Parents/carers 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.
- 20.2 If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the EVAT Complaints Procedure Policy.
- 20.3 If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 20.4 Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

21. Home-to-School Transport

- 21.1 Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 21.2 Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.
- 21.3 This policy is to be read in conjunction with the Transport Policy.

22. Automated External Defibrillators

- 22.1 The Trust has four automated external defibrillators (AEDs).
- 22.2 This policy is to be read in conjunction with the Automated External Defibrillators (AED) Procedure.

23. Food Allergies/Intolerance or Special Dietary Requirements

- 23.1 This policy is to be read in conjunction with the Health and Safety Policy & Allergens, anaphylaxis policy.

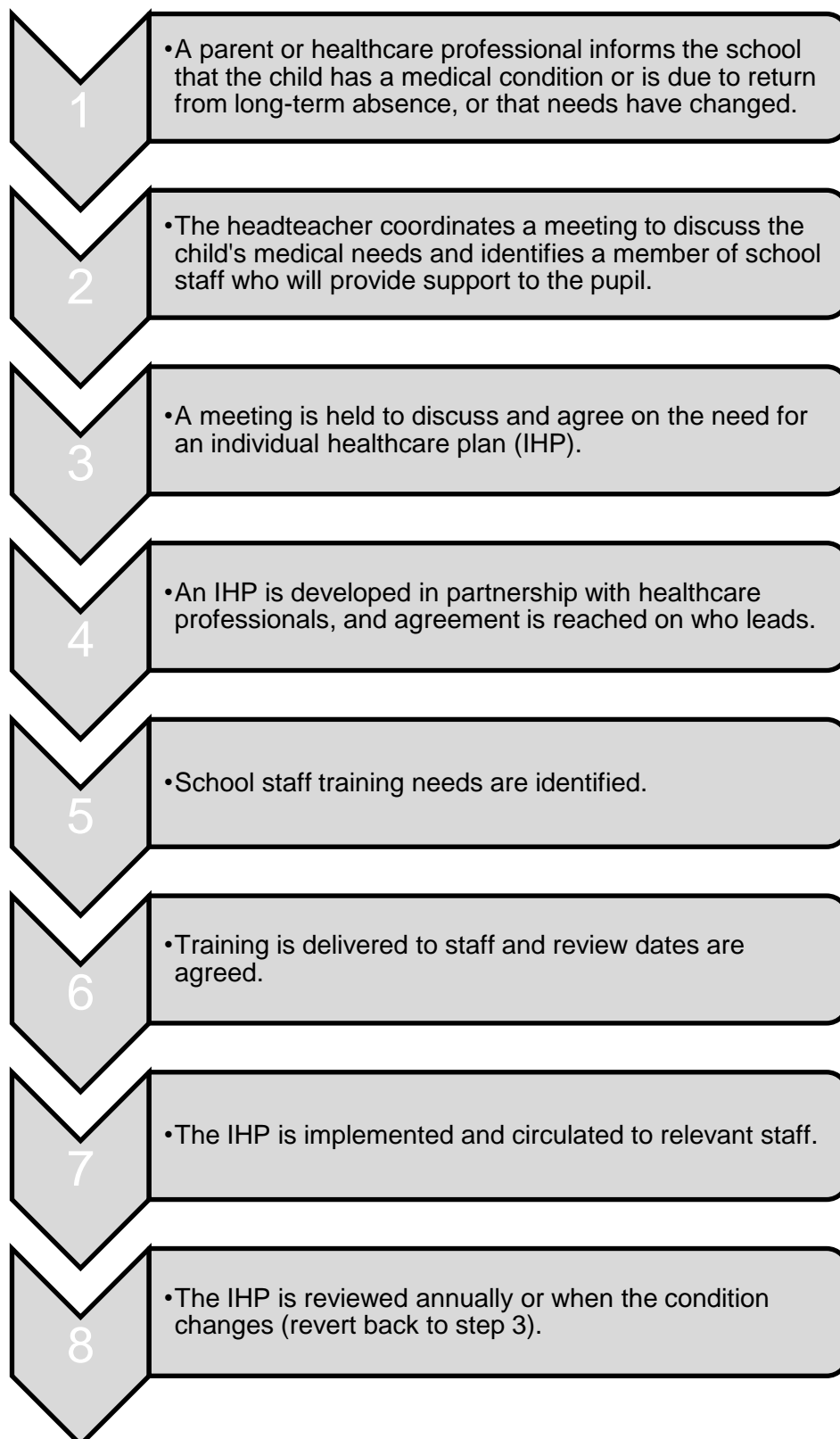
24. Reviewing the Policy

- 24.1 The implementation of this policy will be audited by the Durham County Council Health & Safety Unit and will be reviewed by the Trust Estates Manager and the Safety Unit.
- 24.2 The Board of Directors, Principals and the Trust Estates Manager will continually monitor the effectiveness of this policy. Any necessary amendments will be made immediately.
- 24.3 Any changes made to this policy will be communicated to all members of staff.

25. Public Sector Equality Duty (Equality Act 2010)

In preparing or amending this policy, the author has given due regard to the Public Sector Equality Duty; that is, they have considered any potential impact on people who share certain protected characteristics. These protected characteristics are defined as: race, disability, sex, age, religion or belief, sexual orientation, pregnancy and maternity and gender reassignment.

Appendix One: Individual Healthcare Plan Implementation Procedure



Individual Health Care Plan

Academy / School and setting		Insert Photo (If Required)
Name of Pupil		
Group / Class / Form		
Date of Birth		
Child's address		
Medical diagnosis or condition		
Date		
Review date		

Family Contact Information

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

Clinic / Hospital Contact

Name	
Clinic/Hospital	
Phone no.	

G.P.

Name	
Surgery	
Phone no.	

Other Medical Professionals Involved	
--------------------------------------	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision
Daily care requirements
Specific support for the Pupil's educational, social and emotional needs
Arrangements for school visits/trips etc Staff to read and take a copy of this Individual Health Care Plan
Describe what constitutes an emergency, and the action to take if this occurs
Who is responsible in an emergency (<i>state if different for off-site activities</i>)

Individual Health Care Plan

Other information
Plan developed with
Who is responsible for providing support in school
Staff training undertaken / needed – who, what, when
Form copied to

Plan agreed by	
School:	Role: Date:
Parent / Carer:	Relationship: Date:
Professional:	Organisation: Date:



Request for the Administration of Medication in Educational Establishments

Dear Principal,

I request that (Full name of child)
of (Name of Academy/School
attended) be given the following medication, which has been prescribed/registered
by a medical practitioner.

..... (Name of medicine)

..... (Strength of medicine)

..... (Dosage)

..... (Method of administering the medicine)

At the following times of the day:

.....
.....
.....
.....

I understand that the medicines must be delivered personally by me to:

..... (Nominated representative)

And that this is service which is subject to agreement with the school/academy.

Signed..... **(Parent/Guardian)**

Date.....

Address.....

.....

Telephone Number.....

Notes:

1. Medication will not be administered by the establishment unless this authorisation is completed and signed by the parent/guardians of the pupil.
2. The Directors and Principal reserve the right to withdraw this service.
3. Medication will not be administered unless there is an up-to-date label from Doctor/Pharmacy with correct name, dosage etc.
4. A separate administration of medication form is to be used for each medication to be administered.



Principal Agreement to the Administration of Medication

It is agreed that (Full name of child)
of (Name of Academy/School
attended) will receive; the following medication, which has been prescribed
/registered by a medical practitioner.

..... (Name of medicine)
..... (Strength of medicine)
..... (Dosage)
..... (Method of administering the medicine)

At the following times of the day:

.....
.....
.....
.....
.....

Whilst he /she takes their medication they will be assisted / supervised by an
appropriately trained member of Academy/School staff.

This arrangement will continue until the end of the prescribed course or until
instructed by parents/guardians.

Signed: Dated:

Principal..... Academy/ Free School



Staff Training Record – Administration of Medication

Name of Academy/School: <small>(Circle as necessary)</small>	Haughton/Beaumont Hill (Primary:Secondary:Post 16) /Springfield/Gurney Pease/Marchbank
Name of staff member:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

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

Trainer's signature: _____
 Print name: _____
 Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____
 Print name: _____
 Date _____

