

POLICY FOR SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND FOR THE ADMINISTRATION OF MEDICINE

Adopted:	7 March 2024
Review cycle:	Annual
Next review due by:	March 2025

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1. Statement of intent

The board of trustees at First Federation 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.

Pupils with long-term and complex medical conditions may require on-going support and medicine or care while in school to help them manage their condition. Others may require monitoring and interventions over a short time or in emergency circumstances. It is also the case that pupils' needs may change over time. We acknowledge that in addition to educational impact the social, emotional implications of medical conditions.

The trust 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 classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the trusts' 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.

2. Legal Framework

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

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

- The Human Medicines Regulations 2017
- The Food Information (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

The policy operates in conjunction with the following trust policies;

- Special Educational Needs and Disabilities (SEND) Policy
- Accessibility Plan
- Child Protection and Safeguarding Policy
- Equalities objectives
- Data protection policy
- Complaints Procedures Policy
- Attendance Policy
- Admissions Policy
- Intimate care policy

3. Role and Responsibilities

The First Federation Trust wishes to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. **The Board of Directors will** ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions through;

- fulfilling its statutory duties under legislation.
- ensuring that arrangements are in place to support pupils with medical conditions.
- ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- working with the wider stakeholders, health professionals, commissioners, the LA and support services to ensure that pupils with medical conditions receive a full education.
- ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- instilling confidence in parents and pupils in the school's ability to provide effective support.
- ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.

- ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- ensuring that pupils' health is not put at unnecessary risk. As a result, the 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.
- ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Head of School will be responsible for;

- ensuring the appropriate procedures are followed when notification is received that a pupil will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when pupils' needs change; arrangements for staff training or support)
- *Consultation with relevant health and social care professionals, pupils and parents will be undertaken to ensure that the needs of the children with medical conditions are properly understood and effectively supported.*
- *Discussion with previous settings where appropriate to understand the condition to take place.*
- *The school will ensure that staff are suitably trained*

Parents will be responsible for:

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

Pupils will be responsible for:

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

School staff will be responsible for:

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

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.

- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

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

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

The LA will be responsible for:

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

Working with the school to ensure that pupils with medical conditions can attend school full-time. The above procedures will be monitored and reviewed by The First Federation Trust Senior Leadership Team. The First Federation Trust's insurance will cover liability relating to the administration of medication.

4. Admissions

- Admissions will be managed in line with the school's Admissions Policy.
- No pupil 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.
- The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

5. Staff Training and Support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.

Training needs will be assessed through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs.

Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on an annual basis for all staff with regular updates throughout the year where leaders deem appropriate.

Training should be included in the induction of new staff members.

6. IHCP – Individual Health Care Plans

Where identified as being necessary, Individual Healthcare Plans (IHCP) will be developed between the First Federation school attended by the pupil, healthcare professionals and parents so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified (See appendix). The IHCP will include:

- a) The pupil's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
- c) whether a pupil can self-manage their medication and the level of support needed in an emergency Specific support for the pupil's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions.
- d) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional .
- e) Cover arrangements and who in the school needs to be aware of the student's condition and the support required including supply staff
- f) Arrangements for written permission from parents for medication
- g) Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable to ensure reasonable adjustments are made and any advice is sort from medical professionals where appropriate.
- h) The designated individuals to be entrusted with the above information.
- i) Procedures in the event of the student refusing to take medicine or carry out a necessary procedure.

The Head of School, supported by the First Federation Senior Leadership Team, will have the final decision on whether an Individual Health Care Plan is required.

7. Students with asthma

The Head of School will be responsible for ensuring the following:

- Instructing all staff on the symptoms of an asthma attack
- Instructing all staff on the existence of this policy
- Instructing all staff on how to check the asthma register.
- Instructing all staff on how to access the inhaler.
- Making all staff aware of who are the designated staff and how to access their help.

The Head of School will be responsible for ensuring that designated staff:

- Recognise the signs of an asthma attack and when emergency action is necessary.
- Know how to administer inhalers through a spacer.
- Make appropriate records of attacks.

The school administrators will be responsible for the storage, care and disposal of asthma medication.

8. Students with anaphylaxis, allergens and adrenaline auto-injectors (AAIs) (Also known as EPI Pen)

The Head of School will be responsible for ensuring the following:

- Instructing all staff on the symptoms of an anaphylaxis attack
- Instructing all staff on the existence of this policy
- Instructing all staff on how to check the pupil medical register.
- Instructing all staff on how to access the auto-injector.
- Making all staff aware of who are the designated staff and how to access their help.

The Head of School will be responsible for ensuring that designated staff:

- Recognise the signs of an anaphylaxis attack and when emergency action is necessary.
- Know how to administer the auto-injectors (AAIs)
- Make appropriate records of attacks.

The school administrator will be responsible for the storage, care and disposal of the adrenaline auto-injector. Parents will be responsible for disposing of out of date or no longer need medication.

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.

The head of school and catering team 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.

The catering team 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.

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.

Pupils who have prescribed AAI devices, and are aged seven or older, can agree to a central base within their classroom. For pupils under the age of seven who have

prescribed AAI devices, these will be stored in a suitably safe and central location such as the school office or within their own classroom as agreed within each school.

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. 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.

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used. Unless otherwise stated and agreed with parents/guardians.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use. In the event of a school trip leaders must make the relevant arrangements to ensure pupils at risk of anaphylaxis have access to an AAI and the school will give consideration to taking the spare AAI in case of an emergency.

9. The Administration of Medicine

Medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so. Pupils 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.

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

No pupil will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

- Parents will be informed any time medication is administered that is not agreed in an IHP or parental agreement form.

The Head of School will accept responsibility in principle for members of school staff giving or supervising a pupil taking prescribed medication during the day, where those members of staff have volunteered to do so.

- This policy is available electronically on the First Federation Trust website (www.firstfederation.org). Any parent/carer requesting the administration of medication can request a hard copy of this policy.
- Prescribed medication will be accepted and administered in the First Federation Schools.
- Non-prescription medication will only be accepted and administered in the following circumstances: pain relief, allergy relief, travel sickness, eye conditions (i.e. eye drops). Non-prescription medication will only be administered once in a school day unless there are exceptional circumstances. Medication containing aspirin will not be administered to a pupil under the age of 16 unless it is prescribed by a doctor.
- Prior written parental consent is required before any medication can be administered.

- Only reasonable quantities of medication will be accepted (no more than one week's supply unless agreed with the parents/guardian otherwise)

10. Medicine Storage

- Each item of medication should be delivered in its original dispensed container and handed into the school office. The school administrator may ask the Head of School to confirm his/her consent to accepting the item of medication and its administration to the pupil.
- Each item of medication should be clearly labelled with the following information:
 - Student's name
 - Name of medication
 - Dosage
 - Frequency of dosage
 - Date of dispensing
 - Storage requirements (if important)
 - Expiry date (if available)
- The school will not accept items of medication which are in unlabelled containers or not in their original container (Anything different must be documented and agreed between the school and parents/carers)
- Unless otherwise indicated, all medication to be administered in the school will be kept securely and refrigerated where necessary.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their student to carry their medication with them. In the event of a drug which is prescribed but not emergency medicine such as Methylphenidate (Ritalin), pupils may be allowed to carry these.

- Sharps boxes will be used for the disposal of needles and other sharps.
- Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.
- It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
- Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the school's Nurse Service.
- In pre-school settings arrangements will be made through Primary Care Health Visitors
- The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

11. Home-to-school transport

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

to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

12. Defibrillators

- Where a school has a defibrillator (AED) information about the location should be centrally displayed within the school. All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.
- 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, some staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.
- The emergency services will always be called where an AED is used or requires using.
- Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight. Leaders must ensure an up-to-date record of all checks and maintenance work by the relevant staff member in school.

13. Record Keeping

- Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.
- All records of administration of medicines such as non-prescription, remedies or painkillers such as antibiotics or asthma inhalers that are routine should be kept for the current year plus one year. Any records of administration of medicine not outlined above such as peg feeding, injections, treatments for serious conditions such as diabetes, ADHD or depression should be kept from the date of birth up to 25 Years.
- Appropriate exempla forms for record keeping can be found in the Appendix.

14. Emergency procedures

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

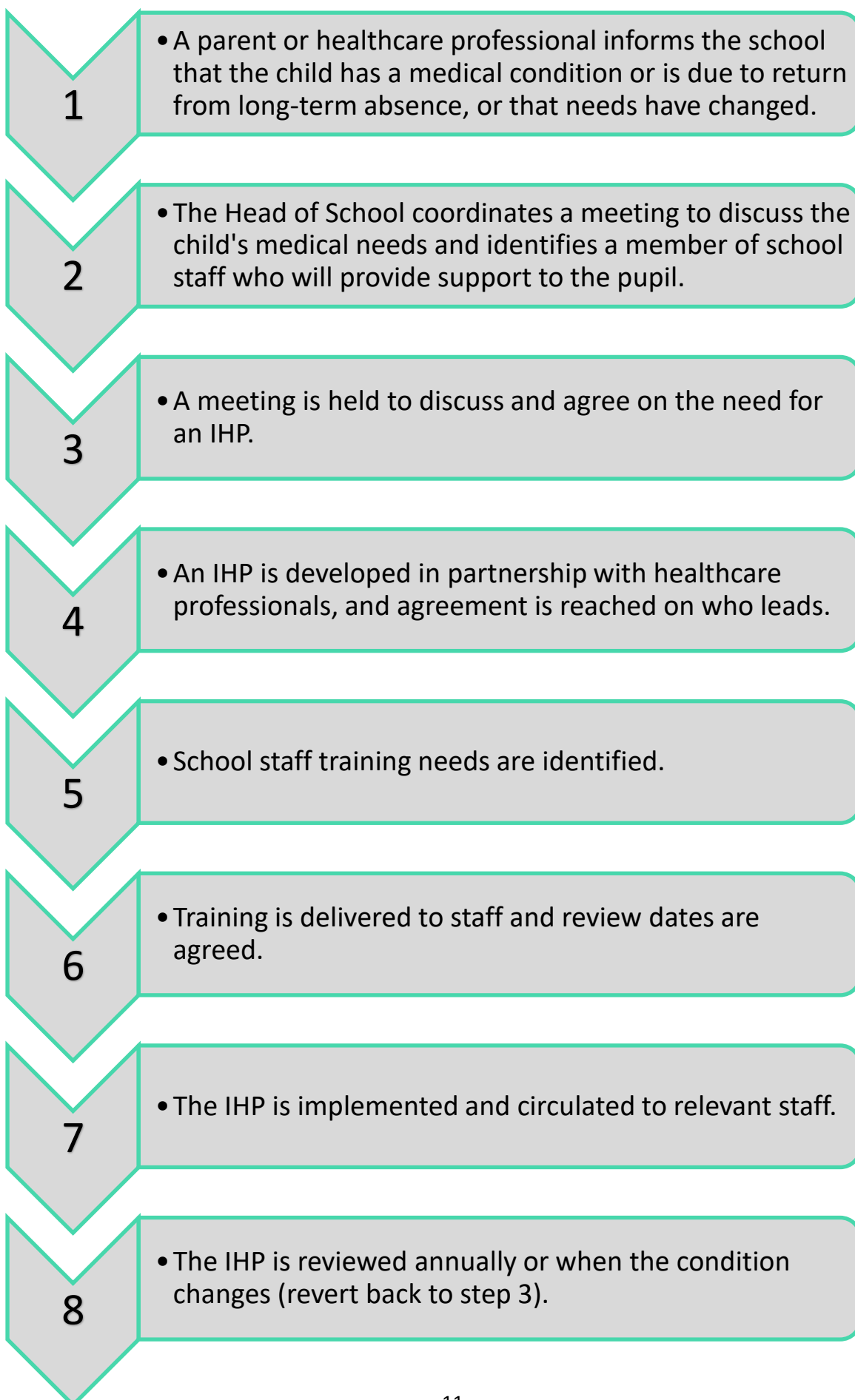
- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

15. Review

This policy will be reviewed on an annual basis. It was adopted by the board of directors on 7 March 2024.

Individual Healthcare Plan Implementation Procedure



Appendix 1.1



Individual Healthcare Plan

Pupil's details

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis of condition	
Date	
Review date	

Family contact information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Hospital contact

Name	
Phone number	

Pupil'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 and environmental issues

Name of medication, dose and method of administration

Daily care requirements

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:

Appendix 1.2 : model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 1.3



Parental Agreement for the School to Administer Medicine

- The school will not give your child medicine unless you complete and sign this for
- The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of the pupil.

Administration of medication form

Date for review to be initiated by	
Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness/ reason for medication	

Medicine

Name of medicine	
Expiry date of medication	
Dosage and method – How much to give	
When is the medication to be given	
Special precautions and or other instructions	
Are there any likely side effects	
Self-administration yes/no	
Number of tablets or quantity given to the school	
Procedures to take in an emergency	

Please note 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.

Please complete below where appropriate

I understand that I must deliver the medicine personally to the school office	
Time limit – please specify how long your pupil needs to be taking the medicine	Days week/s
I give permission for my son/daughter to be administered the	

emergency inhaler held in the school in the event of an emergency	
I give permission for my son/daughter to carry their own asthma inhaler	
I give permission for my son/daughter to carry their own adrenaline auto injector for anaphylaxis (epi pen)	
I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the academy staff.	

Contact details of person completing the form

Name	
Relationship to pupil	
Telephone number	
Alternative contact details in an emergency	
Name and phone number of the GO	
I will personally deliver the medicine to	<u>Name and position of staff member</u>
Agreed review date	

I confirm that I give permission for the Head of School and or his or her nominee to administer the medicine to my son/daughter during the time he/she needs it as outlined above.

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 1. 4



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 staff member				
Any side effects or reactions				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Any side effects or reactions				
Staff signature				

[Add more tables as necessary.]

Appendix 1.5



Record of All Medicine Administered to Pupils

Date	Pupil's name	Time	Name of medicine	Dose given	Reactions, if any	Staff signature	Print name

Appendix 1.6



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 school nurse.

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 1.7



Contacting Emergency Services (Please amend accordingly for your school)

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: **school phone number**.
- Your name.
- Your location as follows: **full address of school**.
- The postcode: **school postcode**.
- 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.