
RESPONSIBLE PERSON(S):	CHIEF EXECUTIVE HEADTEACHER John Mason School HEADTEACHER Rush Common School HEADTEACHER Fitzharrys School
CURRENT VERSION:	001
DATE APPROVED:	07/12/2018
REVIEW CYCLE:	EVERY 3 YEARS
NEXT REVIEW DATE:	07/12/2021

REVIEW

The Board of Trustees have reviewed and agreed this policy in accordance with the legal requirements and/or recommendations of good practice.

Having agreed the policy, the Trustees undertake to review or amended the policy if the:

- Government or local authority, i.e. Oxfordshire County Council, produce new or revised regulations and/or guidance;
- Trust identifies and recommends changes which will serve to improve the policy, support the implementation of the policy and/or the related policy processes.

APPROVED BY THE BOARD OF TRUSTEES

Chair of Trustees: Jonathan Hopkins Signature: Jonathan Hopkins

Chief Executive: Fiona Hammans Signature: Fiona Hammans

RESPONSIBLE BODY

Within this policy “responsible body” means the Trust and/or Trustees of the Abingdon Learning Trust. The responsible body will endeavour to ensure that the level of related training, support, financial and non-financial resources are adequate to fulfil the responsible body’s functions in respect of this policy.

RESPONSIBLE PERSONS

The responsible persons accept the responsibility and accountability, delegated to them by the responsible body, and undertake to ensure adherence to, and the implementation of this policy and associated processes.

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1.0 INTRODUCTION

This policy uses the statutory guidance provided by the Department for Education, "Supporting Pupils at School with Medical conditions" (April 2014 Statutory Guidance For Governing Bodies/Directors Of Maintained Schools And Academies In England). This policy deals with the legal framework relevant to medical needs, the responsibilities of different groups and the procedures to follow with regard to the administration of medicines in school.

- 1.1 The Trusts' policy sets out the procedure to follow whenever a Trust School is notified that a pupil has a medical condition. The aim of this policy is to ensure that all children with medical conditions are supported in school so that they can achieve their full potential and play an active role in school life.

2.0 LEGAL DUTIES

Section 100 of the Children and Families Act 2014 places a duty on proprietors of academies to make arrangements for supporting pupils at their school with medical conditions.

3.0 KEY POINTS

The responsible body is committed to properly supporting pupils at school with medical conditions so that they have full access to education, including school trips and physical education.

- 3.1 The responsible body:

- must ensure that arrangements are in place to support pupils at school with medical conditions;
- should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

4.0 RESPONSIBILITIES: THE RESPONSIBLE BODY

The responsible body must make arrangements to support pupils with medical conditions in its school; including making sure that the policy for supporting pupils with medical conditions in school is developed and implemented.

- 4.1 The responsible body must ensure that arrangements are in place to support pupils with medical conditions. In doing so the responsible body should ensure that such children can access and enjoy the same opportunities at school as any other child.
- 4.2 In making their arrangements, the responsible body should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The responsible body should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- 4.3 The responsible body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

4.4 The responsible body should also ensure that staff are properly trained to provide the support that pupils need, and that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

4.5 The responsible body is required to ensure that the appropriate levels of insurance are in place to reflect the level of risk for staff supporting pupils with medical conditions.

5.0 **RESPONSIBILITIES: THE RESPONSIBLE PERSON (HEADTEACHER)**

The responsible person is responsible for implementing the responsible body's policy in practice and for developing detailed procedures. The Headteacher will have an operational overview to ensure that:

- sufficient staff are suitably trained and available to support relevant pupils in school or off-site visits;
- all relevant staff are made aware of a child's condition.

5.1 As the responsible person, the headteacher has overall responsibility for the development of individuals' healthcare plans.

6.0 **RESPONSIBILITIES: SENCO**

THE SENCO will have operational overview to ensure:

- that, where appropriate, Individual Healthcare Plans (IHP) are drawn up, implemented and reviewed on an annual basis;
- that when a child leaves the school, his/her most recent IHP is passed on to the next setting.

7.0 **RESPONSIBILITIES: CLASS TEACHERS**

Class teachers will ensure that:

- supply staff are made aware of a child's medical condition;
- risk assessments are in place where appropriate (e.g. off-site visits);
- the necessary medication (e.g. asthma inhalers, Epipens) is taken to off-site visits.

8.0 **RESPONSIBILITIES: DESIGNATED FIRST AIDER**

Designated First Aider will ensure that:

- records are maintained of medication administered at school;
- prescribed medication is in-date.

9.0 **RESPONSIBILITIES: ALL OTHER MEMBERS OF STAFF**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

10.0 **RESPONSIBILITIES: PARENTS/CARERS OF PUPILS WITH MEDICAL CONDITIONS**

Parents/carers of pupils with medical conditions are encouraged to:

- provide sufficient and up to date information about their child's needs;
- be involved in the drafting, development and review of their child's IHP;
- ensure that prescribed medication that should be given to the child when at home (e.g. Ritalin) is administered in accordance with medical advice;
- carry out any actions they have agreed in the IHP, e.g. provide medicines and equipment;
- ensure that they (or another nominated adult) are contactable at all times.

11.0 **RESPONSIBILITIES: PUPILS**

Pupils have a duty to:

- provide information about how their condition affects them.
- where appropriate, be fully involved in discussions and contribute to their IHP.
- be sensitive to the needs of other pupils with medical conditions.
- comply fully with their IHP.

12.0 **INDIVIDUAL HEALTHCARE PLANS**

When the school is notified that a pupil has a medical condition, the SENCO will make an initial assessment to determine whether an IHP is required. The process for drawing one up is contained in Annex A of this document.

- 12.1 IHPs should capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the support needed.
- 12.2 IHPs and the review of an IHP may be initiated in consultation with the pupil's parents/carers by a member of school staff, or by a healthcare professional involved in providing care to the pupil, and should be drawn up in partnership between these parties (and pupils, where appropriate). The pupil's IHP should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption.
- 12.3 Where a pupil is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.
- 12.4 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so. Parents should be informed so that alternative options can be considered.

13.0 **STAFF TRAINING**

Staff training needs will be reviewed regularly by the responsible person, or persons to whom the responsibility is delegated. Staff training should be sufficient and suitable to enable staff to achieve the requisite level of competency before taking on responsibility for supporting children with medical conditions. Staff must not give prescription medicines or undertake health care procedures without appropriate training.

13.1 Training will include the safe keeping and administration of prescribed medication, and practical support for pupils with physical disabilities.

13.2 Training opportunities will be offered to all staff in managing common medical conditions in school (e.g. asthma).

14.0 **MANAGING MEDICINES ON SCHOOL PREMISES**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- Only prescribed medicines will be held in school.
- Schools will only accept medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in-date but will generally be available to schools inside an insulin pen or pump, rather than in its original container.
- Children should know where their medicines are at all times and be able to assess them immediately. If locked away they should know who holds the key. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available.
- Medicines must be signed in and out by the named First Aider at the beginning and end of each term for safe keeping. It is the parents' responsibility to collect medication at the end of each term and return it at the beginning of the next term.
- First Aiders can only administer prescription medicine which requires four or more doses a day. Parents bringing medicine for their child must hand it directly to the named First Aider; medicines must always be brought in and collected by an adult.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
- School will keep a record of all medicines administered to individual children, stating what, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- School will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities.

14.1 A record of all pupils reporting to first aiders must be maintained. Written records are kept of all medicines administered to children. Schools may choose to use the [DFE Template](#).

15.0 **EMERGENCY PROCEDURES ON SCHOOL PREMISES**

It is the responsibility of all staff to familiarise themselves with how to call the Emergency Services.

15.1 If emergency hospital treatment is necessary, arrangements will be made usually by calling an ambulance. The schools' office staff will usually call the Emergency Services, or be made aware that a call has been made. The Site/Facilities Manager or a members of the school's Senior Leadership Team should also be made aware of the situation so that the site can be prepared for the Emergency Services.

15.2 The school will contact the parent/carer to inform them that the Emergency Services have been called.

15.3 Detailed emergency procedures should be included in each child's IHP.

16.0 **EMERGENCY PROCEDURES OFF SCHOOL PREMISES**

In the event of an emergency situation occurring off the school premises the First Aid procedure should be followed including notifying a first aider and, if necessary, calling the Emergency Services.

16.1 The Emergency Services should be informed of child's specific medical needs and any other relevant information detailed in their IHP. This may include the times and types of drugs administered and a history of similar medical emergencies.

16.2 The person delegated to carry any emergency medication should be notified and attend the scene immediately. If appropriate, emergency medicine should be administered. In the event that the child is the person responsible for carrying and administering the medicine themselves, they should be assisted, preferably by a member of school staff, to administer the medication. Where the child is unable to do so, a trained person should administer the medication. For the purposes of this clause, an appropriate person will not necessarily be an adult, for example where the most appropriate person at the scene is a sibling trained in the administration of the medication.

16.3 The Emergency Services should attend, and the pupil should not be allowed to either proceed with the visit or travel until a medical professional has declared them fit to do so.

16.4 Should emergency medication have been administered, it should be ensured that either sufficient stocks remain, or stocks are replenished to a level which mean it is safe for the child to continue the visit.

16.5 The school should be informed as soon as possible. Informing the school should not delay the medical response. The school will be responsible for contacting the parents/carers of the pupil.

16.6 Following an emergency situation a child's IHP should be reviewed and the incident recorded.

17.0 UNACCEPTABLE PRACTICE

The responsible body has determined that it is, and will be, deemed unacceptable to:

- prevent pupils from easily accessing and administering their inhalers and medication, when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents/carers and/or ignore medical evidence and/or opinion (although this may be challenged);
- send pupils with medical conditions home frequently or prevent them from participating in normal school activities, including lunch, for reasons associated with their medical condition, unless this is specified in their IHP;
- send ill pupils to the school office or medical room unaccompanied or with someone unsuitable;
- penalise pupils for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, or otherwise to make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should be expected to give up working because the school is failing to support their child's medical needs; or
- prevent pupils from participating in, or create unnecessary barriers to pupils participating in, any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the pupil.

18.0 CONFIDENTIALITY

The Headteacher and school staff will treat medical information confidentially. If it is necessary to inform other people of a condition e.g. on a school trip or residential, the parent's/carer's permission will be requested.

19.0 LIABILITY & INDEMNITY

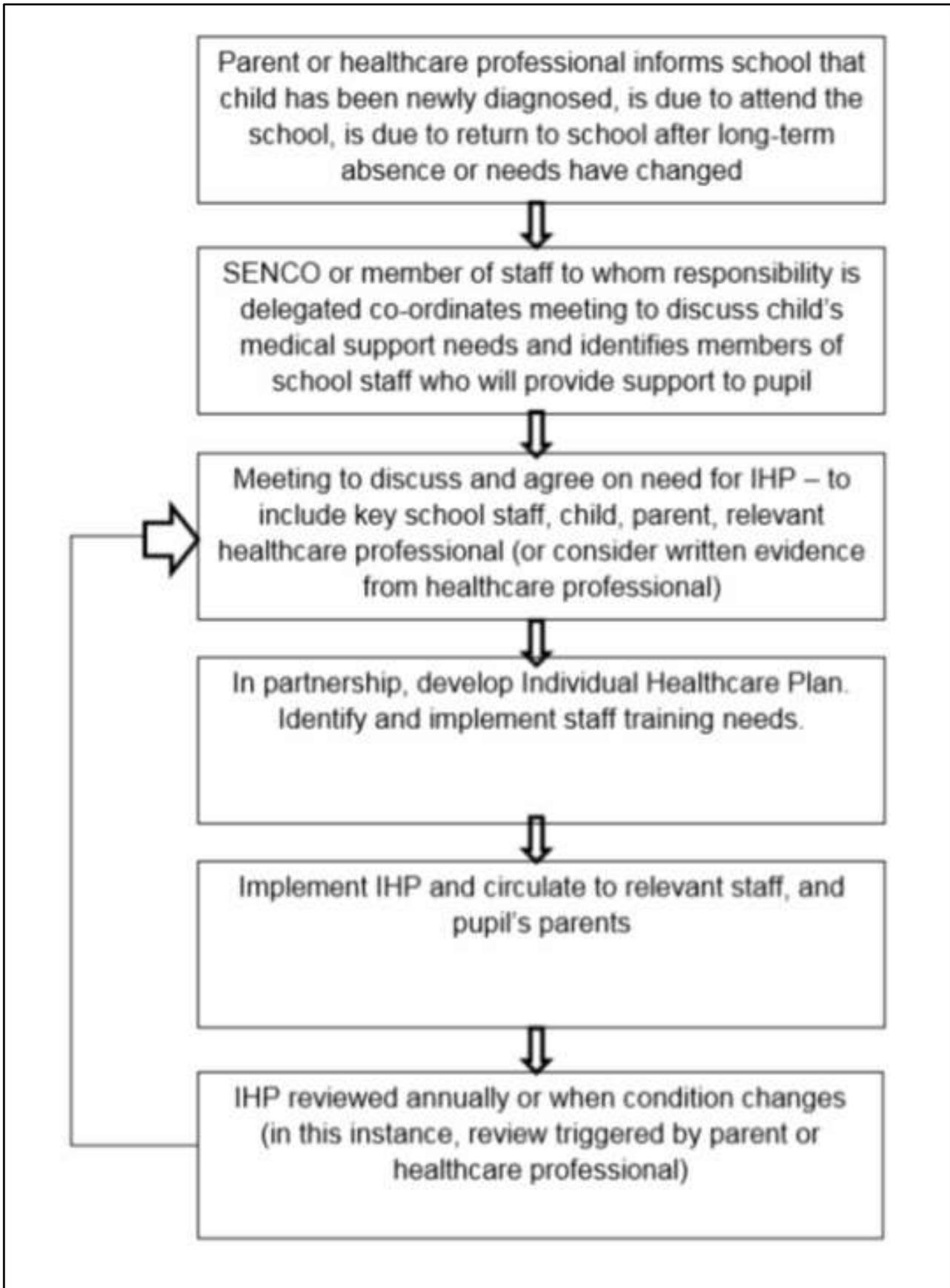
The school takes out insurance through a registered insurance company (see appendix B) which covers staff administering medicines and support to pupils with medical conditions.

20.0 COMPLAINTS

If a parent or carer has concern(s) about the support of their child with a medical condition, then they should follow the school's published Complaints Procedure.

END

APPENDIX A: PROCEDURE FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



APPENDIX B: LIABILITY & INDEMNITY

School	Insurance Company
John Mason School	Zurich Insurance PLC
Rush Common School	Zurich Insurance PLC
Fitzharrys School	Zurich Insurance PLC