



Medical Conditions Policy

Policy reviewed by Academy Transformation Trust on	July 2016
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This policy links to:	Located:
<ul style="list-style-type: none">• Supporting pupils at school with medical conditions• Equalities Policy• SEND Policy• Complaints Procedure• Educational Visits Policy	

Review Date – January 2020

Our Mission

To provide the very best education for all pupils and the highest level of support for our staff to ensure every child leaves our academies with everything they need to reach their full potential.

We promise to do everything we can to give children the very best education that gives them the best opportunity to succeed in life. All of our academies have it in them to be outstanding and achieving this comes down to our commitment to our pupils, staff and academies.

Our commitment

We are committed to taking positive action in the light of the Equality Act 2010 with regard to the needs of people with protected characteristics. These are age, disability, pregnancy and maternity, religion and belief, race, sex, sexual orientation, gender reassignment and marriage and civil partnership.

We will continue to make reasonable adjustments to avoid anyone with a protected characteristic being placed at a disadvantage



Introduction

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to the academy as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place at an academy because arrangements for their medical condition have not been made.

This document sets out The Trust's policy for supporting pupils with medical conditions. This policy will be made readily available to parents/carers and Trust staff.

In implementing our policy, we will follow the statutory guidance set out in the Department for Education's document "[Supporting pupils at school with medical conditions](#)".

Content

1	Introduction.....	0
2	Our Commitment.....	2
3	Roles and responsibilities	2
4	Notification that a pupil has a medical condition	4
5	Individual healthcare plans.....	4
6	Storage and access to individual healthcare plans.....	6
7	The child’s role in managing their own medical needs	6
8	Administration of medication.....	7
9	Staff training and support.....	8
10	Managing medicines on academy premises.....	8
11	Record keeping	10
12	Emergency procedures.....	10
13	Day trips, residential visits and sporting activities	10
14	Other issues	11
15	Unacceptable practice	11
16	Liability and indemnity	11
17	Complaints.....	11
	Appendix 1 - Process for developing Individual Healthcare plan.....	12
	Appendix 2 – Individual Healthcare Plan Template	13
	Appendix 3 – Consent for medication administration form	15
	Appendix 4 – Individual Child Medication Administration Form	16
	Appendix 5 – Medication Administration Record (for all children)	18

Table of responsibilities

Person	Responsibility
Kully Uppal, Principal	Has overall responsibility for Medical Conditions.
Lynne Hemmings, SEN and Pastoral Administrator	Has day to day responsibility for ensuring the policy is put into practice.
Abby Bayford, Vice Principal	Has responsibility for ensuring that sufficient staff are suitable trained.
Lynne Hemmings, SEN and Pastoral Administrator	Has responsibility for ensuring a register of Individual Health Care Plans is maintained.
Lynne Hemmings, SEN and Pastoral Administrator	Has responsibility for ensuring relevant staff are made aware of a child's condition (including briefing relevant supply teachers).
Alistair Liddle, Exams Officer/Trips Officer	Is responsible for ensuring that appropriate risk assessments are in place for academy trips, holidays and other activities outside the normal timetable.
Gary Whall, Director of Inclusion	Is responsible for monitoring individual healthcare plans on annual basis (or sooner if needs have changed) and ensuring they are followed.
Lynne Hemmings, SEN and Pastoral Administrator	Is responsible for ensuring medication is in date and stored appropriately within the academy.

1 Our Commitment

- 1.1 ATT will ensure that pupils with medical conditions, in terms of both physical and mental health, are fully supported so that they have full access to education, including academy trips and physical education, and can access and enjoy the same opportunities at the academy as any other child.
- 1.2 ATT will ensure that arrangements are in place in academies to support pupils with medical conditions. These arrangements should give parents/carers and pupils confidence in ATT's ability to provide effective support for medical conditions in the academy.
- 1.3 ATT will consult with healthcare professional colleagues, social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.
- 1.4 Where children with medical conditions may be considered disabled, ATT will ensure compliance with our duties set out in the Equality Act 2010 (see Equalities Policy).
- 1.5 Where children with medical conditions have a special educational need (SEN) and have a statement, or Education, Health and Care (EHC) plan ATT will comply with the Special Educational Needs and Disability (SEND) code of practice (see SEND Policy).
- 1.6 ATT will ensure that staff members are appropriately trained to provide the support that pupils need.

2 Roles and responsibilities

- 2.1 Supporting a child with a medical condition during academy hours is the responsibility of all staff. The academy's ability to provide effective support often depends on working co-operatively with other agencies. ATT will ensure that engagement in effective partnership working with healthcare professionals (and, where appropriate, social care professionals), the local authority, parents/carers and pupils.
- 2.2 Key roles and responsibilities are set out below:

The Trust

- 2.2.1 The Trust has overall responsibility for making sure arrangements to support pupils with medical conditions are in place and that the policy for supporting pupils with medical conditions is developed.

Principal

- 2.2.2 The Principal is responsible for the policy and its effective implementation with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- 2.2.3 The Principal will ensure that all staff who need to know are made aware of a child's condition and ensure that sufficient trained numbers of staff are available to implement this policy and deliver

against all individual healthcare plans, including in contingency and emergency situations. Whole school training and induction training for new staff will be available on a regular basis.

- 2.2.4 The Principal will ensure that action required for staff to take in an emergency for the common serious conditions at the academy is displayed in prominent locations for all staff e.g. classrooms, offices, the staff room.
- 2.2.5 The Principal has overall responsibility for the development of individual healthcare plans and will contact the school nursing service in the case of any child who has a medical condition that may require support at the academy, but who has not yet been brought to the attention of the school nurse.
- 2.2.6 The Principal will ensure relevant information is shared with new staff to the academy, in particular temporary and supply staff.

Academy Staff

- 2.2.7 There is a common law duty of care owed by all staff to all pupils both during and at either side of the academy day in the event of an emergency. In an emergency situation academy staff are required, by the common law duty of care, to act in the best interests of the pupil as an ordinary reasonable, prudent parent/carer. This may include administering medicine.
- 2.2.8 Any member of academy staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so.
- 2.2.9 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, and seek to act in the pupils best interests.
- 2.2.10 Academy staff including temporary and supply staff will receive appropriate training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. All academy staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help including common medical conditions such as asthma, diabetes and epilepsy.

School Nurse

- 2.2.11 The school nursing service is responsible for notifying the academy when a child has been identified as having a medical condition which will require support at the academy. Wherever possible, they will do this before the child starts at the academy.
- 2.2.12 It is not the role of the school nursing service to ensure that the academy is taking appropriate steps to support children with medical conditions, but they may support staff on implementing a child's individual healthcare plan, e.g. by providing advice and possibly training. School nurses can liaise with lead clinicians on appropriate support for the child and associated staff training needs.
- 2.2.13 The community nursing team can also be a valuable source of advice and support.

Other healthcare professionals, including GPs and Paediatricians

- 2.2.14 Other healthcare professionals will notify the school nurse when a child has been identified as having a medical condition that will require support at the academy and may provide advice on developing healthcare plans.

- 2.2.15 Specialist local health teams may be able to provide support for children with particular conditions (e.g. asthma, diabetes, epilepsy, cancer).
- 2.2.16 Where the pupils also have an Education Health and Care Plan advice should be taken to ensure all needs are recognised and catered for in the healthcare plan.

Pupils

- 2.2.17 Pupils with medical conditions are often best placed to provide information about how their condition affects them and, wherever possible, will be fully involved in discussions about their medical support needs. They will also be asked to contribute as much as possible to the development of their own individual healthcare plan.

Parents/Carers

- 2.2.18 Parents/carers are asked to provide the academy with sufficient and up-to-date information about their child's medical needs. In some cases they will be the first to notify the academy that their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan. Parents/carers are requested to carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local Authority (LA)

- 2.2.19 The LA is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, local authorities have a duty to promote co-operation between relevant partners such as proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- 2.2.20 The local authority will provide support, advice and guidance, for academy staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

3 Notification that a pupil has a medical condition

- 3.1 Once we are notified that a pupil has a medical condition, we will ensure that appropriate arrangements (staff training and support) are put in place prior to the start of the relevant term.
- 3.2 Where pupils have a new diagnosis or join us mid-term ATT will make every effort to ensure that appropriate arrangements are in place within two weeks.
- 3.3 Where pupils transfer between schools, ATT will liaise with pupil's previous school to help ensure a smooth transition.

4 Individual healthcare plans

- 4.1 Individual Health Care Plans are used to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.

- 4.2 ATT will liaise with our healthcare colleagues and parents/carers (and if appropriate the pupil) to ensure that, where appropriate, individual healthcare plans are developed to support pupils (see appendices 1 and 2).
- 4.3 ATT recognise that responsibility to ensure that healthcare plans are finalised and implemented rests with the academy.
- 4.4 Healthcare plans will be readily accessible to all who need to refer to them and procedures are in place so that a copy of the pupil's Individual Health Care Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible. However we will ensure that confidentiality is maintained.
- 4.5 If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. ATT will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the academy's senior leadership team.
- 4.6 ATT will ensure that healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- 4.7 Healthcare plans will consider the following:
- The medical condition, its triggers, signs, symptoms and treatments;
 - The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues (e.g. crowded corridors, travels time between lessons etc.);
 - Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - Who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional and cover arrangements for when they are unavailable?
 - Who in the academy needs to be aware of the child's condition and the support required?
 - Arrangements for written permission from parents/carers and the Principal for medication to be administered by a member of staff, or self-administered by the pupil during academy hours;
 - Separate arrangements or procedures required for trips or other activities outside of the normal academy timetable that will ensure that where possible, the child can participate (e.g. risk assessments etc.);
 - Separate arrangements for fire evacuation in the case of a fire alarm;
 - Where confidentiality issues are raised by the parents/carer/child, the designated individuals to be entrusted with information about the child's condition;
 - What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

5 Storage and access to individual healthcare plans

- 5.1 Individual Health Care Plans are kept in a secure central location at Academy.
- 5.2 Apart from the central copy, specified members of staff (agreed by the pupil and parents/carers) securely hold copies of pupils' Individual Health Care Plans. These copies are updated at the same time as the central copy. The academy must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information.
- 5.3 Parents/carers and pupils (where appropriate) at this Academy are provided with a copy of the pupil's current agreed Individual Health Care Plan.
- 5.4 When a member of staff is new to a pupil group, for example due to staff absence, the Academy makes sure that they are made aware of the Individual Health Care Plans and needs of the pupils in their care this applies also to supply teachers.
- 5.5 The academy will ensure that all staff protect pupil's confidentiality.
- 5.6 Individual Health Care Plans are used to create a centralised register of pupils with complex health needs. An identified member of academy staff has responsibility for the register at this academy. The academy must ensure that there is a clear and accessible system for identifying pupils with health plans/medical needs such as names being 'flagged' on the SIMs system. A robust procedure must be in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the academy is updated on the academy's record system.
- 5.7 The responsible member of academy staff will follow up with the parents/carers and health professional if further detail on a pupil's Individual Health Care Plan is required or if permission or administration of medication is unclear or incomplete.
- 5.8 The academy informs parents/carers that the Individual Health Care Plan would be sent ahead to emergency care staff, should an emergency happen during academy hours or at an academy activity outside the normal academy day. This is included in the Individual Health Care Plan.
- 5.9 The information in the Individual Health Care Plan will remain confidential and on a 'need to know basis' unless needed in an emergency

6 The child's role in managing their own medical needs

- 6.1 After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.
- 6.2 Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. Children, who can take their medicines themselves or manage procedures, may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. Where children appear unable to adequately self-manage further

advice and guidance shall be sought from parents/carers and /or relevant health care professionals, and a record made in the individual Health Care plan.

7 Administration of medication

7.1 The Trust has clear guidance on administration of medication within academies:

Administration – emergency medication

7.1.1 Pupils with medical conditions should have easy access to their emergency medication.

7.1.2 The academy will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.

Administration – general

7.1.3 Medicines will only be administered at the academy when it would be detrimental to a child's health or academy attendance not to do so.

7.1.4 All use of medication is done under the appropriate supervision of a member of staff at this Academy unless there is an agreed plan for self-medication. Staff should be aware if pupils are using their medication in an abnormal way and should discuss this with the child in the first instance.

7.1.5 No child under 16 will be given prescription or non-prescription medicines without their parent/carer's written consent (see appendix 3) – except in exceptional circumstances where the medicine has been prescribed for the child without the knowledge of the parents/carers. In such cases, every effort will be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.

7.1.6 Children under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages, dosage frequency and when the previous dose was taken. Parents/carers will be informed.

7.1.7 All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.

7.1.8 For medication where no specific training is necessary, any member of staff may administer medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

7.1.9 Academy staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered will be noted. (see appendix 4)

7.1.10 In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Health Care Plan.

- 7.1.11 Parents/carers at the academy understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the academy immediately. Parents/carers should provide the academy with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.
- 7.1.12 If a pupil at this academy refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.
- 7.1.13 All staff attending off-site visits will be made aware of any pupils on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

8 Staff training and support

- 8.1 Relevant staff will be made aware of the most common serious medical conditions at the academy.
- 8.2 Any member of staff providing support to a pupil with medical needs will receive suitable training, appropriate to the individual healthcare plans of children they support.
- 8.3 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. However, in some cases, written instructions from the parent/carer or on the medication container dispensed by the pharmacist may be considered sufficient providing that parents have completed a consent form (appendix 3).
- 8.4 The academy will ensure that an appropriate number of staff have received basic training including giving out medication, asthma support, EpiPens etc. and that training is refreshed at least annually.
- 8.5 For more complex medical needs the academy should contact the school nursing service to discuss training requirements.

9 Managing medicines on academy premises

- 9.1 The Trust has clear guidance on the storage of medication:

Safe storage – emergency medication

- 9.1.1 Emergency medication is readily available to pupils who require it at all times during the academy day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- 9.1.2 Children will be told where their medicines are at all times and will be able to access them immediately. Where relevant, they will be told who to ask for the key to the storage facility.
- 9.1.3 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This is particularly important when outside of academy premises, e.g. on trips.
- 9.1.4 If the pupil concerned is involved in academy activities outside the normal academy day then specific arrangements and risk assessments should be agreed with the parent/carer and appropriate staff involved.

Safe storage - non-emergency medication

- 9.1.5 All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place.
- 9.1.6 Pupils with medical conditions know where their medication is stored and how to access it (usually at main reception).
- 9.1.7 Staff will ensure that medication is accessible only to those for whom it is prescribed.

Safe storage – general

- 9.1.8 The Academy has an identified a member of staff/designated person who ensures the correct storage of medication at Academy.
- 9.1.9 Where a child has been prescribed a controlled drug (e.g. morphine, pethidine or methadone), they may legally have it in their possession if they are competent to do so; however, it will be made clear to them that passing it to another child for use is an offence. Monitoring arrangements will be put in place as appropriate. Otherwise, controlled drugs that have been prescribed for a pupil will be securely stored and only named staff will have access to them; albeit they will be kept easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in the academy (see appendix 4).
- 9.1.10 The academy will only accept prescribed 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 is generally inside an insulin pen or a pump, rather than in its original container.
- 9.1.11 The identified member of staff checks the expiry dates for all medication stored at academy each term (i.e. three times a year).
- 9.1.12 Medication is stored in accordance with the manufacturer’s instructions, paying particular note to temperature.
- 9.1.13 Some medication for pupils may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised pupils or lockable as appropriate.
- 9.1.14 All medication (including blue inhalers) is sent home with pupils at the end of the academy term.
- 9.1.15 It is the parent/carer’s responsibility to ensure new and in date medication comes into academy with the appropriate instructions and ensures that the Academy receives this.

Safe disposal

- 9.1.16 Parents/carers are asked to collect out-of-date medication.
- 9.1.17 If parents/carers do not pick up out-of-date medication, or at the end of the academy year, medication is taken to a local pharmacy for safe disposal.
- 9.1.18 A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least 3 times a year and is always documented.

- 9.1.19 Sharps boxes are used for the disposal of needles.
- 9.1.20 If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to the academy or to the pupil's parent.
- 9.1.21 Collection and disposal of sharps boxes is arranged with the local authority's environmental
- 9.1.22 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

10 Record keeping

- 10.1 The academy will ensure that written records are kept of all medicines administered to children. Parents/carers will be informed if their child has been unwell at the academy (see appendix 5).

11 Emergency procedures

- 11.1 We will have a risk management processes and arrangements in place for dealing with emergencies for all academy activities wherever they take place, including on academy trips (see Educational Visits Policy) within and outside the UK.
- 11.2 Where a child has an individual healthcare plan, it should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the academy will, if appropriate, be made aware of what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 11.3 If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

12 Day trips, residential visits and sporting activities

- 12.1 We will actively support pupils with medical conditions to participate in academy trips and visits, or in sporting activities, and make reasonable adjustments to allow them to take part. Pupils will always be included; unless evidence from a clinician such as a GP states that this is not possible.
- 12.2 Our planning arrangements will take account of any adjustments needed to ensure that pupils with medical conditions are included. This requires consultation with parents/carers and pupils, advice from relevant healthcare professional and a risk assessment to ensure that pupils can participate safely.

13 Other issues

- 13.1 With regard to **home-to-academy transport**, where appropriate, transport healthcare plans will be put in place for pupils with life-threatening conditions.
- 13.2 With regard to **asthma inhalers** held for emergency use. Where the academy holds an emergency inhaler, it will only be given to children for whom parental permission to use the emergency inhaler has been given. We will ensure that staff are trained in use of the inhalers and will follow, once published, the Department of Health protocol on their storage and use.

14 Unacceptable practice

- 14.1 This policy is explicit about what practice is not acceptable. Although staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - Assume that every child with the same condition requires the same treatment;
 - Ignore the views of the child, their parents/carers or ignore medical evidence or opinion (although this may be challenged);
 - Send children with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their individual healthcare plans;
 - If the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable;
 - Penalise children for their attendance record if their absences are related to their medical condition (e.g. hospital appointments etc.)
 - 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 make them feel obliged to attend the academy to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the academy is failing to support their child's medical needs;
 - Prevent children from participating or create unnecessary barriers to children participating in any aspect of academy life, including academy trips (e.g. by requiring parents/carers to accompany the child).

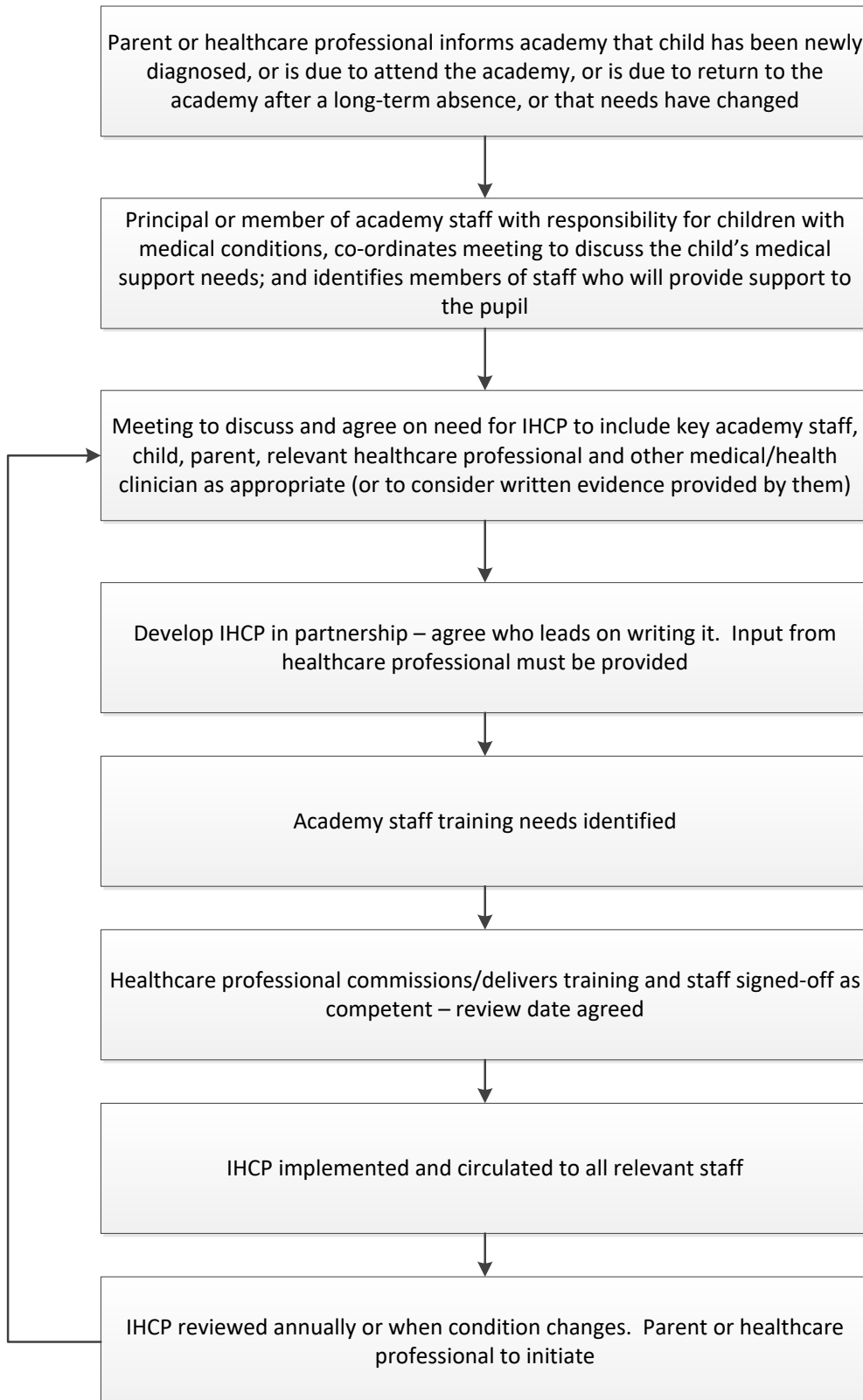
15 Liability and indemnity

- 15.1 Staff are assured that when providing support to pupils with medical conditions, they are covered by the academy's insurance.

16 Complaints

- 16.1 Any complaints regarding the academy's support to pupils with medical conditions should be made in the first instance to the Principal. If for whatever reason this does not resolve the issue, parents/carers and pupils may make a formal complaint via the academy's complaints procedure (see academy website for details).

Appendix 1 - Process for developing Individual Healthcare plan



Appendix 2 – Individual Healthcare Plan Template

Name of academy	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in the academy	
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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 academy visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to:

Appendix 3 – Consent for medication administration form

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

Date for review to be initiated by	
Name of academy	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the academy/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff administering medicine in accordance with the Medical Conditions Policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 4 – Individual Child Medication Administration Form

Name of academy/setting

Name of child

Date medicine provided by
parent/carer

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature _____

Signature of parent/carer _____

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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