



Policy for Supporting Children with Medical Conditions

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A note on terminology:

Within this policy the term *school* or *establishment* relates to any educational setting within SAST. We recognise that some of these places are referred to as Learning Centres or Learning Communities by Local Authorities.

SAST: SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

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Introduction

The Sherborne Area Schools' Trust (SAST) values are:



Across SAST we want to ensure that all of our children receive the same level of care in relation to their emotional and physical needs, including those children who have particular medical needs. We want parents to be assured that their children's health will be well-looked after whilst in school. This policy sets out support offered to those with medical conditions in SAST schools and sets out the procedures to be followed for the safe administration of medications, where required.

SAST is committed to promoting the welfare of all pupils and this includes our safeguarding responsibilities of:

- protecting children from maltreatment
- preventing the impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with safe and effective care
- taking action to enable all children to have the best outcomes.

At all times when supporting a pupil with a medical need, consideration will be given for whether there is a link between the medical need and a safeguarding concern for the child and appropriate action to safeguard the child will be taken.

SAST is committed to ensuring that all pupils with medical conditions can access and enjoy the same opportunities as any other pupil and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.

SAST will ensure that the school implements and maintains an effective management system for the administration of medicines to all pupils in its care in order to ensure that appropriate support is provided to individual pupils with medical needs.

Legislation, statutory guidance and linked SAST policies

This policy is issued with due regard to the Children and Families Act 2014 (Section 100) 3, which places a duty on proprietors of academies to make arrangements for supporting pupils at their school with medical conditions. This duty is fulfilled through this overarching policy and the delegation of responsibilities to each school.

This policy is in line with the Department for Education guidance - [Supporting pupils at school with medical conditions \(2015\)](#)

Where there are discrepancies because of a more recent DfE publication, the most recent legislation will take precedence over this policy, until such time as it can be updated.

This policy also complies with the legal frameworks, statutory requirements and relevant guidance laid out in the following:

- [Equality Act 2010: Advice for Schools DfE \(2018\)](#)
- [Statutory Framework for the Early Years Foundation Stage](#)
- [Special Educational Needs and Disabilities Code of Practice 0 – 25 \(2015\)](#)
- [Automated external defibrillators \(AEDs\): a guide for schools \(DfE, October 2019\)](#)
- [Guidance on the use of emergency salbutamol inhalers in schools \(Department of Health, March 2015\)](#)
- [Guidance on the use of adrenaline auto-injectors in schools \(Department of Health, September 2017\)](#)
- [First aid in schools, early years and further education \(DfE, February 2022\)](#)
- [Mental health issues affecting a pupil's attendance: guidance for schools \(2023\)](#)
- [Arranging education for children who cannot attend school because of health needs \(2023\)](#)
- [Medical conditions at school \(Health Conditions in Schools Alliance\)](#)
- [Health protection in children and young people settings, including education – \(September 2024\)](#)
- [UK Health Security Agency Preventing and controlling infections Guidance \(2024\)](#)
- [Working together to improve school attendance \(2024\)](#)
- [Guidance for safer working practice \(2022\)](#)
- [Working together to safeguard children \(2023\)](#)
- [Keeping children safe in education \(2024\)](#)

It should be read in conjunction with the following policies, principles and procedure documents:

- Child Protection and Safeguarding policy
- Health and Safety policy
- Educational trips and visits policy
- Accessibility policy / plan
- Equality and Diversity policy
- SAST Behaviour principles

- SAST Admissions policy
- SAST Inclusion, Suspension and Exclusion Policy
- SAST Attendance principles
- School Attendance policies
- SAST SEND Policy
- SAST Children with health needs who cannot attend school policy

Local area guidance, such as that published by Dorset from the [Physical and medical needs service \(PMNS\)](#) and by Somerset from the [Access and Assistive Technology Team](#), is also a useful source of advice and support.

Scope

This policy applies to all SAST staff (including volunteers, agency or temporary staff), pupils and parents/carers.

This policy applies at all times when the pupil is in or under the care of the school, that is:

- in or at school
- on trips or visits;
- at a school sporting event

This policy shall also apply to pupils at all times and places in circumstances where failing to apply this policy may:

- affect the health, safety or well-being of a member of the school community or a member of the public; or
- have repercussions for the orderly running of the school

Definitions

Child: Within this policy, the term is used to refer to any child or young person who attends a SAST school

IHP: the Individual Healthcare Plan, which is an agreement between parents, a school and healthcare professionals about what care a child needs and how it will be carried out.

IHP Lead: the school leader(s) designated to coordinate/review the Individual Healthcare Plans and the school medical register (including pupils with asthma and at risk of anaphylaxis)

Medical condition: any illness or disability which a pupil has.
It can be:

- physical or mental
- a single episode or recurrent
- short-term or long-term

- relatively straightforward (e.g. the pupil can manage the condition themselves without support or monitoring) or complex (requiring on-going support, medicines or care whilst at school to help the pupil manage their condition and keep them well)
- involving medication or medical equipment
- affecting participation in school activities or limiting access to education

Medical conditions may change over time, in ways that cannot always be predicted.

Parent: in addition to the child's birth parents, references to parents in this policy include any person who has parental responsibility (which includes the local authority where it has a care order in respect of the child) and any person (for example, a foster carer) with whom the child lives.

Proprietor: this refers to SAST as the Multi Academy Trust.

School: within this policy, the term is used to refer to any nursery, primary school, secondary school or learning centre establishment.

School Day: this means Monday to Friday, when the school is open to pupils during term time. The dates of terms are published on school websites. A school day also applies where a pupil is on site at the school for additional intervention sessions such as weekend classes or holiday classes.

Responsibilities

The person with overall responsibility for successfully administering and implementing this policy is the Executive Headteacher/Headteacher. They must ensure that:

- there sufficient numbers of staff suitably trained, and that they are able to access all relevant information and medical/support materials required to assist pupils with medical conditions
- there are sufficient numbers of trained staff available to support pupils' medical needs at all times whilst they are under the care of the school, including making contingency plans for staff absence and emergency situations
- information regarding an individual pupil's medical condition is shared with appropriate staff (including volunteers, agency or temporary supply teaching staff where appropriate)
- risk assessments (for individuals, school visits and other school activities outside of the normal timetable) consider the additional risks posed to individual pupils as a result of their medical conditions
- the Individual Healthcare plans are prepared where appropriate, in a timely manner and monitored
- there is a policy in place which outlines the arrangements for intimate care needs
- all medications are stored safely

The Executive Headteacher/Headteacher may delegate these duties as appropriate to the IHP Lead and other members of staff who have received training in accordance with this policy.

Notification that a pupil has a medical condition

Ordinarily, the child's parent will notify the school that their child has a medical condition, by writing to the Headteacher, and by providing the school with appropriate medical evidence and/or advice relating to their child's medical condition. However, on some occasions they may pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a pupil has a medical condition should notify the Headteacher as soon as practicable.

A pupil themselves may disclose that they have a medical condition. The staff member to whom the disclosure is made should notify the Executive Headteacher/Headteacher as soon as practicable.

Notification may also be received direct from the pupil's healthcare provider or from a previous school. The school may also instigate the procedure themselves where the pupil is returning to the school after a long-term absence.

Procedure following notification that a pupil has a medical condition

Parents will be invited to consult with the school and relevant healthcare professionals, as soon as practicable to discuss what, if any, arrangements need to be put into place to support the child.

Unless the medical condition is short-term and relatively straightforward (e.g. the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:

- discuss the pupil's medical support needs
- identify a member of school staff who will provide support to the pupil where appropriate
- determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain

Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on their own behalf, taking into account their age and understanding. Where this is not appropriate the pupil will be given the opportunity to share their thoughts by other means.

The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or be asked to prepare written evidence about the pupil's medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of, an IHP.

For children joining a school at the start of the school year any support arrangements will be made in time for the start of the school term where possible. In other cases, such as a new diagnosis or a child moving to a school mid-term, every effort will be made to ensure that any support arrangements are put in place within five working days. Schools will work with parents in the interim to safeguard children and ensure access to education so far as is practicable.

In line with our safeguarding duties, schools will ensure that pupil's health is not put at unnecessary risk from, for example, infectious diseases. Schools will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

Schools must promote ongoing communication with parents in order to ensure that the specific medical needs of all pupils in our care are known and met. Pupils should not be given any absolute assurances of privacy (i.e. as a result of safeguarding concerns) but information will only be shared on a need to know basis with consideration for Gillick competency and Fraser guidelines.

Pupils with health needs who cannot attend school

Where a child cannot attend school because of health needs, unless it is evident at the outset that they will be absent for 15 or more days, schools will initially follow the usual process around attendance. Schools are not routinely expected to provide curriculum work during this time as the presumption is that the child is too unwell to work; however, in consultation with parents, headteachers may use their professional judgement and decide to provide relevant information, curriculum materials and resources on a case-by-case basis.

In accordance with the Department for Education's statutory guidance, where a pupil is unable to attend school for more than 15 days due to illness:

- the local authority should be ready to take responsibility for arranging suitable full-time education for that pupil; and
- the local authority should arrange for this provision to be in place as soon as it is clear that the absence will last for more than 15 days.

In these circumstances, our schools are expected to implement the SAST Children with health needs who cannot attend school policy.

The school will work collaboratively with the local authority, relevant medical professionals, relevant education provider, parents and, where appropriate, the pupil, to identify and meet the pupil's educational needs throughout the period of absence and to remain in touch with the pupil throughout.

When a pupil is considered well enough to return to full time education at the academy, the Headteacher or someone designated by them will develop a reintegration plan in partnership with the appropriate individuals/organisations.

Individual Healthcare Plans (IHP)

Where a pupil has long-term or complex medical condition or health needs, the school will consider whether an IHP is required for that child. The school, healthcare professional (where applicable) and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate (e.g. some pupils with asthma). If consensus cannot be reached, the Headteacher is best placed to take a final view.

Where it is decided that an IHP should be developed for the pupil, this shall be developed in partnership between the school, the pupil's parents, the pupil and the relevant healthcare professional(s) who can best advise on the particular needs of the pupil. This may include the school nursing service. The local authority will also be asked to contribute where the pupil accesses home-to-school transport to ensure that the authority's own transport healthcare plans are consistent with the IHP. An exemplar template can be found in Appendix A.

The aim of the IHP is to capture the steps which the school needs to take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the pupil's best interests in mind. In preparing the IHP the school will need to assess and manage the risk to the pupil's education, health and social well-being and minimise disruption.

IHP's may include:

- details of the medical condition, its triggers, signs, symptoms and treatments
- the child'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 or travel time between lessons
- specific support for the child'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 or 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 pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, 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 (NOTE: this is best addressed by specifying a team of people who can provide this support, rather than one named individual)
- who needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the pupil'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 IHP

The IHP will also 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 children in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing the plan and ensuring that it is finalised and implemented.

The IHP will be presented to the parents for approval in writing prior to its implementation to ensure the school holds accurate information about the medical condition of any pupil.

Once the IHP is approved the Executive Headteacher/Headteacher (or the delegated IHCP Lead) will be responsible for its maintenance and implementation.

The IHP will be reviewed at least annually or more frequently where a pupil's needs change. Parents must inform schools of new or changing medical needs of their child so that such reviews can happen quickly where circumstances change.

Where a pupil is returning to the academy following a period of hospital education or alternative provision (including home tuition), the academy will work with the local authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.

Where appropriate, the IHP should be linked with a pupil's Education, Health and Care Plan (EHCP). Where a pupil has SEN or a disability but does not have an EHCP, their SEN or disability should be mentioned in their IHP.

Intimate care

Schools and early years settings must 'make arrangements' to support children and young people who experience toileting difficulties and should not expect parents or carers to come into school to manage these.

Children and young people who require regular intimate care, e.g. any care which involves washing, touching, or carrying out a procedure to private parts of the body, should have an

intimate care plan. Where a child or young person already has an IHP, intimate care needs can be included within this; there is no need to have two plans.

An intimate care plan should be developed in consultation with the child or young person (where appropriate), parents or carers, support staff and a relevant healthcare professional (if required), so that procedures can be agreed and consented to. The intimate care plan should be reviewed at least annually.

Our schools should implement the SAST Intimate Care policy when managing intimate care needs. The [Guidance for safer working practice \(2022\)](#) recommends intimate care is undertaken by one member of staff unless the intimate care plan specifies otherwise. Ideally, another adult, who is aware of the task being undertaken, should be in the vicinity. Brief records should always be kept of any intimate care undertaken at the school or setting.

When undertaking intimate care, disposable gloves and aprons should be worn where needed and discarded into a nappy or clinical waste bin after use. Shower and bathroom areas should be thoroughly cleaned after use. Soiled clothing should be double bagged and returned to parents or washed in a separate washing machine on site.

Schools and settings can find further useful information about supporting children and young people with toileting needs through ERIC - The Children's Bowel and Bladder Charity.

Storage of medicines

The Executive Headteacher/Headteacher or delegated member of staff will carry out a risk assessment to consider any risks to the health and safety of the school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

Medicines are always stored in accordance with individual product instructions. Those that should be kept in a fridge will be stored in a fridge which is used exclusively for that purpose.

All medicines will be stored securely in a locked cabinet / in a fridge in a room that will only be accessible to staff i.e. keypad entry. This is to prevent unauthorised access. The only exceptions to this will be emergency medication such as asthma inhalers and adrenalin auto-injectors (AAIs). These will be kept in a designated location (that will be clear stated on the pupil's IHP), clearly marked, and if kept in a box or cupboard, this must not be locked in order to allow immediate access.

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

In the case of medication, which is not required in an emergency, the pupil will be told where their medication is stored and who holds the key (including the back-up/spare).

Pupils who do not carry and administer their own medication understand which members of staff will administer their medication.

If a pupil is prescribed a controlled drug, it will be kept in a locked, non-portable container (e.g. in a cupboard attached to a structural wall) and only named staff and the pupil will have access. A record of any doses used and the amount of the controlled drug held at the school will be maintained. It is also good practice to count and check the stored medication at least weekly and keep a record of this, including a witness signature. The Headteacher responsible for ensuring this is the case.

For pupils who are permitted to access a controlled drug on site as per their IHP and medical advice they will be advised that it is an offence to pass the drug to any other person for use.

It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

Disposal of medicines

Parents should collect all medicines belonging to their pupil at the end of each term and are responsible for ensuring that any date-expired medication is collected from the school.

Otherwise, medicines should be returned to parents or carers at the end of each term and received back into the school or setting at the start of each new term.

Schools must have a Health and Safety policy which covers First Aid. Within this, there should be clear arrangements for hygiene and infection control relating to medical conditions, e.g. basic hygiene procedures, disposal of waste materials such as used dressings, and managing spillage of bodily fluids. Generally, used wipes, paper towels, gloves and aprons should be put into a plastic waste bag, sealed, and placed in the main waste collection bin.

Used needles and other sharps should be disposed of in a sharps box, which must be kept securely on site. As prescribed items, sharps boxes are usually provided by parents or carers and should be returned to them for safe disposal. Sharps boxes should be changed when $\frac{3}{4}$ full (to the marked full line) or every three months. Sharps boxes should not be sent home with a child or young person for disposal; they should be collected by parents or carers, who should also be asked to bring a new sharps box in.

Administering medication

SAST requests that medication is only taken at school if it is essential, that is where it would be detrimental to the pupil's health not to administer the medication during the school day. Parents are encouraged to look at dose frequencies and timing so that if possible, medicines can be taken out of school hours.

Schools should ensure that dignity and privacy can be maintained when medicines are administered. Suitable facilities should be provided, with space for the child or young person to rest and recover, if required.

No pupil will be given any medication or access to a medical device without confirmation this has been prescribed by the pupil's GP or other medical professional.

Unless in exceptional circumstances, staff at the school will not administer any medication to a pupil without obtaining prior written permission from his or her parents. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence. In such circumstances, staff will explain to pupils the importance of information sharing as set out above.

With the exception of insulin, which may be provided in an insulin pen or pump, all medicines supplied to the school by parents **must be provided in the original container** as dispensed by the pharmacist and **must include the prescriber's instructions for administration**. The prescribed medication must be accompanied by a complete written instruction form signed by the pupil's parent (see Appendix B).

Prescription medicines will only be administered by appropriately trained members of staff, according to the labelled instructions.

Before providing the medicine to the child, staff administering medication should wash their hands and check:

- the parental agreement form
- the IHP
- the child's name tallies with that on the medicine container
- the name of the medication
- the prescribed dose
- the expiry date of the medication
- the method of administration
- the time/frequency of administration
- any side effects
- the written instructions on the container.

A second member of staff will be present when medicines are administered, performing a second "check" on the details above. This also applies for administration in relation to blood glucose monitoring.

Used needles and other sharps should be disposed of in a sharps box which should be kept securely on site.

If staff are in any doubt over the procedure to be followed, the parents will be contacted before action is taken.

If a child refuses to take their medication, staff will not force them to do so, and will inform the parent of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

For early years' foundation stage (EYFS) pupils, staff will ensure that parents are informed in writing on the same day (or as soon as reasonably practicable thereafter) of every occasion that medication is administered, or has not been administered, with an explanation as to why.

SAST has appropriate levels of insurance in place regarding staff providing support to pupils with medical conditions, including the administration of medication.

Creams (including sun-cream)

Schools and settings should arrange for creams to be applied if it would be detrimental to the child or young person's health or attendance not to do so.

Children and young people should be encouraged to apply creams themselves wherever possible, taking account of their age, ability, and instructions for use.

Where it is not possible for a child or young person to self-apply, staff should do so. They should wash their hands before and after application and ensure they wear non-sterile gloves to prevent both cross infection and the cream (and drug contained within) from being absorbed by the member of staff.

If a child regularly requires creams to be applied during the school day, an IHP should be implemented, incorporating intimate care arrangements if necessary.

The Health and Safety Executive (HSE) advise schools and other settings to take a common-sense approach to the application of sun-cream and not use 'health and safety' as a reason to avoid this. Again, children and young people should be encouraged to apply their own sun-cream, wherever possible.

Charities such as Sun Safe Schools have developed guidance for schools and settings around sun safety. All schools and settings are encouraged to develop a sun safety policy and ensure this is shared with parents.

Self-medication

SAST recognises that children should be allowed to carry their own medicines and relevant devices (such as inhalers and AAI's), wherever possible or should be able to access their medicines for self-medication quickly and easily. Following consultation between the school, parents and the pupil, a pupil will be permitted to store and carry their own medication if in the opinion of the Headteacher/IHP Lead or relevant medical professional they are sufficiently competent to do so. This will be reflected in a pupil's IHP. The school

will also consider the safety of other children and medical advice from the prescriber in respect of the pupil in reaching this decision.

Self-medication of controlled drugs such as Methylphenidate, which may be prescribed for ADHD, will not be permitted.

Pupils will be made aware the medication is strictly for their own personal use and it should not be passed to any other pupils under any circumstances and to do so is a breach of school rules. Where a pupil self-administers as agreed in their IHP, they will inform a relevant member of staff (e.g. tutor, class teacher, first aider etc).

Record keeping

All records created in accordance with this policy are managed in accordance with the school's policies that apply to the retention and destruction of records.

Parents are required to complete the relevant parental agreement to administer medicine (Appendix B) before medication is administered to their child.

Schools will keep a written record of all medicines administered to individual children (Appendix C) stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted. These records should be regularly reviewed by the Headteacher.

Records must be written in ink and kept for at least 2 years from the point at which the medicine was last administered.

The records created in accordance with this policy may contain personal data. The school has a number of privacy notices which explain how the school will use personal data about pupils and parents. The privacy notices are published on the school website. In addition, staff must ensure that they follow the school's data protection policies and procedures when handling personal data created in connection with this Policy.

Emergencies

In the event of an emergency related to the administration of medicine, a designated trained staff member should be called as soon as possible, if not already present. If it is determined that they are unable to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not however affect the ability of any person to contact the emergency services in the event of a medical emergency.

Staff should always dial 999 for the emergency services in the event of a serious medical emergency and make clear arrangements for liaison with the ambulance services on the school's site. It is safer to have called an ambulance and then find the child recovers and it is

not needed, than to have delayed. It is essential to call an ambulance as soon as it is clear one is required. Don't delay the 999 call and telephone parents first – the ambulance can already be on its way if they are called first. Depending on where parents are, it may be preferable for them to travel to the hospital and meet the child there, rather than coming to the school site.

Parents authorise the Headteacher to consent on their behalf to the pupil receiving emergency medical treatment where certified by an appropriately qualified person as necessary for the pupil's welfare and if parents cannot be contacted in time.

A checklist for contacting the emergency services can be found in Appendix D.

Asthma

The school will hold and store emergency inhalers, which, if a pupil has been identified as at risk from asthma as per their IHP, an appropriately trained member of staff can administer if the pupil's own inhaler is not available and if consent has been given by the parent.

If an emergency inhaler is used by a pupil the school will notify the parents as soon as practicable.

Anaphylaxis

General information on how to recognise and respond to an anaphylaxis is contained in the Guidance on use the adrenaline auto-injectors in academies.

Parents are to notify the school as soon as possible that a particular pupil is at risk of anaphylaxis and in that case provide their consent to use the spare emergency AAI's. Completed consent forms should be stored on the pupil's file and, where appropriate, the IHP updated accordingly.

Delays in administering AAI's have been associated with fatal outcomes. AAI's MUST be administered without delay to pupils if there are ANY signs of anaphylaxis present to those pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAI's have been provided.

School staff must **always** call 999 and request an ambulance if an AAI is used and keep a detailed record including, where the reaction took place and how much medication was given. The parents should be informed as soon as possible.

The Executive Headteacher/Headteacher is responsible for ensuring that the Guidance on the use of adrenaline auto-injectors in academies (the AAI Guidance) is properly implemented and followed.

The school will hold and store emergency AAI's (adrenalin auto-injectors). These should only be used on pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent from parent/carer for the use of emergency AAI's have been provided.

AAIs are to be stored, cared and disposed of in accordance with Part 3 of the AAI Guidance and the other requirements of this policy apply to AAI, including but not limited to appropriate training, use and record keeping.

The school has responsibility for restocking AAI (which may be bought without prescription). There is no suggested amount as this will depend on practice and size of the school. The school will check the stock on a monthly basis to ensure that the AAI are present and in date and that replacement AAI are obtained in good time.

Off-site visits and sporting events

Please refer to the SAST Educational Trips and Visits Policy.

SAST schools actively supports all children with medical conditions to access and enjoy the same opportunities at the school as any other pupil, which includes ensuring that they are able to take an active role in school trips and sporting activities, unless it is contraindicated by a medical professional involved in a pupil's care (such as their GP).

If a child attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.

All pupils requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled.

Secure storage for medicines will be available at all short-term accommodation used by the school.

Risk assessment

Where a concern about a pupil's welfare is identified, the risks to that pupil's welfare will be assessed and appropriate action will be taken to reduce the risks identified.

The format of risk assessment may vary and may be included as part of the school's overall response to a welfare issue, including the use of individual pupil welfare plans (such as behaviour, healthcare and education plans, as appropriate). Regardless of the form used, the school's approach to promoting pupil welfare will be systematic and pupil focused.

The Executive Headteacher/Headteacher has overall responsibility for ensuring that matters which affect pupil welfare are adequately risk assessed and for ensuring that the relevant findings are implemented, monitored and evaluated.

Day to day responsibility to carry out risk assessments is delegated by the Headteacher of each establishment, and to the staff who have been properly trained in, and tasked with, carrying out the particular assessment.

Where the medical condition could give rise to potential safeguarding concerns, the School's Child Protection and Safeguarding Policy will be followed as appropriate. Staff are particularly reminded to be alert to indicators of physical/sexual abuse, sexual violence and female genital mutilation where in each case there are specific reporting procedures in place in accordance with the school's Child Protection and Safeguarding Policy.

Training

The Executive Headteacher/Headteacher of each school will ensure that there are an appropriate number of staff trained to administer first aid and medication based on a careful risk assessment of pupil numbers, pupil medical needs, provision for unstructured time, additional provision including breakfast club, trips and visits and extra-curricular activities.

The Executive Headteacher/Headteacher is responsible for the administration of medicine and the arrangements for pupils with medical conditions within the school. They will delegate duties as appropriate to other members of staff who have received appropriate training in order for them to complete their duties. The Executive Headteacher/Headteacher will ensure that all staff are supervised where appropriate. Any staff responsible for the administration of medicine will have access to pupils' IHP.

Relevant members of staff will receive appropriate training and support from a qualified health professional, including training on the side effects of medication and what to do if they occur. If the administration of medication involves technical, medical or other specialist knowledge, appropriate individual training tailored to the individual pupil will be provided to appropriate staff by a qualified health professional (i.e. blood glucose monitoring/AAls etc.).

Staff must not give prescription medicines or undertake health care procedures without appropriate training. For the avoidance of doubt a first aid certificate does not constitute appropriate training in supporting pupils with medical conditions for all circumstances.

First aid should only be given by a trained first aider (appropriate training delivered by a competent training provider) or a medically qualified person.

The school must provide general awareness training to all staff about common medical conditions such as asthma and anaphylaxis. The school must also put in place general awareness training for medical conditions which the school is already/soon will be supporting such as epilepsy and diabetes. An exemplar staff training record is included in Appendix E. Schools may also choose to record this information on their MIS or existing training record systems.

All staff will be made aware of the terms of this policy and the school's arrangements for supporting pupils with medical conditions and their role in implementing the terms of this Policy. This includes what to do in an emergency and who the designated staff are.

All new starters will be made aware of the terms of this policy and appropriate protocols during their induction.

Medical errors

By following the DFE [Supporting pupils at school with medical conditions \(2015\)](#) guidance, local guidance, and the SAST policy, an error with medicine administration or a health care procedure is unlikely to occur. However, if an error does occur, immediate action must be taken to ensure the child or young person's health is not at risk.

The parent or carer should be contacted and informed of the incident so that they can advise next steps. If they cannot be reached, the school should contact either the healthcare practitioner named in the IHP, the GP or Accident & Emergency. Always call 999 in an emergency.

Following this, the SAST Head of Safeguarding should be notified, and an internal investigation must be undertaken as soon as possible with the aim of preventing any future errors. This investigation should be led by a member of the senior leadership team identified by the Executive Headteacher/Headteacher of the school.

The investigation should record the key findings of the incident and agree actions to improve medicines administration and processes going forwards, with dates by which these will be completed. It is also important to risk assess all medicines administration arrangements at the school or setting, following an error. If requested by them, a copy of the investigation report should be shared with SAST's Head of Safeguarding.

Depending on the severity of the incident, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 procedures may also need to be followed. Schools and settings should read these regulations to decide whether RIDDOR procedures are required.

If safeguarding concerns are raised because of the investigation, the incident should be referred to the Local Authority Designated Officer (LADO).

The child or young person's IHP should be updated to reflect the robust measures put in place following the incident.

Unacceptable practice

Staff should use their discretion and training with regards to each individual pupil's medical needs, by reference to their IHCP and / or EHCP, as appropriate. However, staff should be aware that the following practices are generally unacceptable:

- preventing access to medication and relevant devices (such as inhalers), where this is reasonably required
- assuming that all pupils with the same conditions require the same treatment
- ignoring the views of the pupil or their parents/carers, including administering any medication or treatment that makes the pupil feel uncomfortable (any concerns should be raised with the Executive Headteacher/Headteacher and/or Designated Safeguarding Lead)
- ignoring medical evidence or opinion (although this may be challenged)
- frequently sending pupils with medical conditions home or preventing them from taking part in normal school activities, unless this is provided for in their IHCP or by their medical advisors
- sending unwell pupils unaccompanied to the school office or medical room
- penalising pupils for their attendance record, if their absences are related to their medical condition (e.g. hospital appointments)
- preventing pupils from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- preventing pupils from participating in or creating unnecessary barriers to children participating in all aspects of school life including school trips, e.g. by requiring parents/carers to accompany the child

Complaints

If parents or pupils are dissatisfied with the medical support provided at the school, they should raise these in the first instance with the Executive Headteacher/Headteacher. If they are unable to resolve the issue, then a formal complaint can be raised via the Complaints Policy.

Appendix A: Individual Healthcare Plan (IHP)

	Individual Healthcare plan
	When completing this form please give as much detail as possible

Child / Setting Information

Name of school/setting
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.

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

--

Who is responsible for providing support in school

Arrangements for school 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 B: Parental Agreement for Medication Administration

	Parental Agreement for Medication Administration			
	The school/setting will not give your child medicine unless you complete and sign this form, in line with Sherborne Area Schools' Trust policy.			

Date for review, to be initiated by				
Name of school/setting <i>Please provide full name here. SPS could stand for several schools in our trust. Please do not abbreviate.</i>				
Name of child <i>Please ensure child's full name (including middle names) is detailed here. There could be several 'M Smith's' in the schools. Please do not abbreviate.</i>				
Date of birth				<i>Please ensure these details are clear and the numbers cannot be confused</i>
Group/class/form				
Medical condition or illness <i>Please give as much information here as you possibly can. This will help those administering medication to have a greater knowledge of a child's condition.</i>				
Medicine				
Name/type of medicine <i>(as described on the container)</i>				
Expiry date				<i>Please detail as per container. And give full year of expiry.</i>
Dosage and method <i>Please ensure you are detailing dosage and method exactly as described on the container. A good example of this would be 'Take one 10mg tablet three times a day' A poor example would be '1 x 3 x a day'.</i>				
Timing <i>Full sentences are required here at all times - A good example here would be 'Twenty minutes before meals'</i>				

Special precautions/other instructions <i>Information should be written exactly as detailed on the container</i>	
Are there any side effects that the school/setting needs to know about? <i>Ensure full detailed information is given here</i>	
Self-administration – y/n	
Procedures to take in an emergency <i>It is vital full details are given here. 'Contact SV and ring 999' is not a detailed explanation.</i>	
NB: Medicines must be in the original container as dispensed by the pharmacy	
Contact Details (Parent / Guardian)	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	(agreed member(s) of staff / school office)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting 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 C: Record of Medicine Administered to an Individual Pupil

	Record of medicine administered (controlled and non-controlled)
	The school/setting will retain this record in accordance with SAST Policy

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Size of dose (e.g. 10mg)

Frequency of medicine

Quantity returned

Parent Signature

Staff Signature

Date

Time given

Dose given

Administering Staff Signature

Administering Staff Initials

Witnessing Staff Signature

Witnessing Staff Initials

Quantity Remaining

Record of Medicine Administered to an Individual Pupil (continued)

Date

Time given

Dose given

Administering Staff Signature

Administering Staff Initials

Witnessing Staff Signature

Witnessing Staff Initials

Quantity Remaining

Date

Time given

Dose given

Administering Staff Signature

Administering Staff Initials

Witnessing Staff Signature

Witnessing Staff Initials

Quantity Remaining

Date

Time given

Dose given

Administering Staff Signature

Administering Staff Initials

Witnessing Staff Signature

Witnessing Staff Initials

Quantity Remaining

Appendix D: Contacting the Emergency Services

Requesting 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.

- your telephone number
- your name
- your location as follows [school address]
- state what the postcode is - please note that postcodes for satellite navigation systems may
- differ from the postal code
- provide the exact location of the student
- provide the name of the child and a brief description of their symptoms
- inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.

While you wait for the ambulance, it is a good idea to print a copy of the pupil's details e.g. data sheet from the school MIS, which should include information relevant to date of birth, medical needs and parental contact information.

NOTE: SAST requests that schools put a copy of this Appendix, with the relevant school specific information noted, in the vicinity of each telephone in school that has an outside line.

Appendix E: Staff Training Record Administration of Medications

	Staff Training Record Administration of Medications
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Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: _____

Date: _____

Suggested review date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____