UNIVERSITY OF WINCHESTER ACADEMY TRUST

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Stoneham Park Primary Academy

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1.	**POLICY STATEMENT** The aim is to ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. The school understands that all pupils with the same medical condition will not have the same needs, our school will focus on the needs of each individual pupil. The school will strive to ensure compliance with relevant legislation and guidance with regard to procedures for supporting pupils with medical requirements, including managing medicines. This policy meets the requirements under Section 100 of the Pupils and Families Act 2014, which places a duty on Governing bodies to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance: Supporting Pupils at School with Medical Conditions and other relevant legislation. Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, the school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. Individual pupil plans are drawn up in consultation with a wide range of local key stakeholders within both the school and health settings. Stakeholders include pupils, parents/guardians/careers, school staff, governors, and relevant local health specialist services. The administration of medicines is the overall responsibility of the parents. The School Leader is responsible for ensuring pupils are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents. Responsibility for all administration of medicines at the school is held by the School Leader who is the responsible manager. The Responsible Manager delegates the responsibility, on a day to day basis, for supporting staff and pupils in administration of medicines to the school First Aid & Medical Lead. The representative for supporting staff and pupils with mental health & wellbeing is with the Mental Health Lead. These lead roles have been established to be a first point of contact for staff to support and guide them with the understanding of their duty of care, roles and responsibilities. The school commits to carry out and periodically review an assessment of first aid provision by carrying out a First Aid Needs Assessment. This form aids responsible managers to identify, formalise and record what level of first aid provision is needed in their building, premises or for their team. It is the school policy to ensure that all medical information will be treated confidentially by the responsible manager and staff. All staff have a duty of care to follow and co-operate with the requirements of this policy and other supporting documents established for individual needs.
2.	**AIMS & OBJECTIVES** The school ensures that the support for pupils with medical conditions and administration of medicines is comprehensive. This includes the physical environment, being healthy, staying safe as well as social, sporting and educational activities. The school is committed to making sure the

needs of pupils is adequately considered to ensure involvement and that the physical environment is accessible. The school understands the importance of all pupils taking part in off site visits and is committed to providing or adjusting physical environment for off-site school activities.

The school will ensure all staff are aware of the potential social problems that pupils with medical conditions/physical disabilities may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They raise awareness of medical conditions to help promote a positive environment.

Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.

The school understands that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition and how to minimise these.

The school's administration of medicine requirements will be achieved by:

Establishing principles for safe practice in the management and administration of:

- prescribed medicines
- non-prescribed medicines
- maintenance drugs
- emergency medicine
- Providing clear guidance to all staff on the administration of medicines
- Providing specific training to relevant staff on pupils' individual needs
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the above provisions are clear and shared with all who may require them
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines

The schools support with pupils with medical condition requirements will be achieved by:

- Establishing principles for safe practice in staff management
- Including all pupils in all school activities
- Encouraging pupils to take control of their condition and having the competence to retain controlled drugs, making sure pupils feel confident in the support they receive from the school to help them achieve this goal
- Ensuring all staff understand their duty of care to pupils in the event of an emergency
- Ensuring all staff understand how medical conditions impact on a pupil's ability to learn
- Ensuring all relevant staff are trained and feel confident in their knowledge of specific conditions
- Ensure all staff feel confident and supported by their line managers and Mental Health Lead
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management of a medical condition

3.	**IDENTIFYING MEDICAL CONDITIONS AND SUPPORT NEEDS** Prior to a pupil joining the school medical needs will be identified. Parents will fill in a Pupil Registration Form - form completed by parent/carer for every pupil including all information required (including emergency contact information, medical conditions, current medications) The enrolment form is placed in the pupil's school file held in a secure location and a member of the admin team enters all pupil details of any medical condition onto the school database (Arbor). Prior to the new academic year, a report of all pupils transitioning from nursery school with stated medical conditions is made available for the school. . This is usually via an ATF from the nursery and pre visits arranged by staff as part of the Reception year enrolment programme. Where new starters have joined from another Primary school they will notified of any stated medical condition when the Pupil Registration Form is processed and via the CTF. The First Aid & Medical Lead and/or Special Education Needs Coordinator/Leading Teacher for Inclusion will review all reports of medical conditions of pupils who will be joining the school and where relevant contact parents/carers to clarify any medical needs prior to them joining. If necessary, an Individual Health Care Plan (IHCP) will be developed between parents, the administrative team and health care professionals. This plan will be sent to the parent/carer and healthcare professional. Dependent on the level of a pupils medical and educational needs it may be decided that the SENDCo will be involved in the development of a child's IHCP. In some cases it may be decided between parents and school that an Education, Health and Care Plan (EHCP) is needed and this will be developed for the pupil with the SENDCo, School Leader and associated healthcare professionals involvement. Where a pupil is already on role with the school but is returning to school having been diagnosed with a new/changed medical condition and/or after a long period of absence, then the parent/carer is responsible for notifying the school of the medical condition prior to the pupil returning to school. The school will, depending on the nature of the illness and the length of absence make provision to ensure that the impact on education and progress is minimised. They will plan and deliver this in conjunction with medical professionals and parents. Parents/carers of pupils with pre-existing medical conditions (already notified to the school) are required to notify the school if their pupil has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change. The progress of every pupil is monitored and discussed at termly Pupil Progress Meetings (PPMs). Class teachers are continually aware of pupils' learning. If they observe that a pupil, as recommended by the 2015 SEN Code of Practice, is making less than expected progress, given their age and individual circumstances, they will seek to identify a cause.

	If parents have concerns, they can also request that we look more closely at their pupil's learning. We take all parental concerns / requests seriously and investigate them all. The SENDCos and various staff members are qualified to undertake a range of standardised tests with pupils. The SENDCos and Leading Teacher for Inclusion use these assessments to add to and inform a teacher's own understanding of the needs of the pupil. Refer to the SENDco Policy for more information.
4.	**DEFINING SUPPORT REQUIRED** The school will agree and plan for an individual pupil need. All relevant staff will be made aware of this plan and training will be provided where required. For example, if a pupil has a severe allergy which could result in anaphylaxis then they will be incorporated into the anaphylaxis emergency care procedure. If a pupil cannot be integrated into an existing healthcare procedure then the school will develop one. The school will work closely with external support agencies, where appropriate, to support the needs of individual pupils and an individual pupil profile is produced. If a pupil does not make the required progress, in spite of high quality, targeted support at the SEN Support level, the school may apply for the pupil to be assessed for an EHCP (Education, Health and Care Plan), see the SENDco Policy for more details. Where the pupil has significant medical support needs which may impact on their learning and education, and are unique to them then the school may agree for an Individual Healthcare Plan (IHCP). If it is felt that the pupil has long-term social, emotional or mental health needs, the school can offer a range of structured programmes to support in these areas. School staff cannot act as mental health experts and should not try to diagnose conditions. However, the school has clear systems and processes in place for early intervention and identification of possible mental health problems, including routes to escalate and clear referral to experienced skilled professionals. More information can be found in the Mental Health & Wellbeing Policy. The school will agree and plan the provision for the coming term, including some SMART (specific, measurable, achievable, realistic and time-specific) short-term targets to work towards). Where necessary, the school will make accommodations and adaptations to meet the physical and learning needs of our pupils. Where pupils qualify for access arrangements the school will apply for these and ensure they are followed through. All staff have access to advice, information, resources and training to enable them to support all pupils effectively. The school will offer training and self-help opportunities, provision of books or guidance towards useful websites. If the school identifies potential needs that we cannot understand fully without the aid of additional, more specialist help, the school is able to refer individual pupils to or buy-in additional expertise from the Local Authority. This includes access to Educational Psychologists, Advisory Teachers and Therapists (Speech and Language Therapists, Occupational Therapists and Physiotherapists) and the Primary Behaviour Service. Parents/Careers should also seek and receive support elsewhere, including from their GP, NHS services, trained professionals, voluntary organisations and other sources.

5. RECORD KEEPING

As part of the school's admissions process and annual data collection exercise parents are asked if their pupil has any medical conditions. These procedures also cover transitional arrangements between schools. These forms are held on the pupil's school file.

Administration of Medicine and Treatment Consent Form must be completed by parents for pupils who need medication when in school, either long-term for medical conditions or short-term e.g. for antibiotics. The form includes agreement of how medicine will be administrated, the name of the medicine, required dose, frequency, when the course finishes and expiry date. Special instructions, allergies and other prescribed medicines must also be noted. Records will be reviewed annually or whenever management of a medical condition changes or when the level of care a child needs changes.

The school keeps an accurate record of all medication administered, including the type, dose, time, date and supervising staff. This is kept in the medical room and then archived in the pupils personal file.
The school may use an IHCP to record the support an individual pupil needs around their medical condition. These plans are developed with the pupil (where appropriate), parent, Special Educational Needs and Disabilities Coordinator (SENDCo), the pupil's teacher, a designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services.

An Individual Healthcare Plan must include;

Written permission from the parent/carer and the head teacher for any medication to be administered by a member of staff, or self-administered by the child during school hours

- Exactly what help the child needs, what they can do themselves and what they need from somebody else
- Who is going to give that help and when
- Details of any medication needed, the dose needed, when it's needed, the procedure for using any equipment, method of administration, side effects, contra-indications, administered by/self-administered with/without supervision
- Details of any testing the child needs to do, the procedures involved and the action to be taken depending on the result
- Description of the symptoms and possible triggers of any emergency situation which requires urgent attention (eg asthma attack, seizure, anaphylaxis, hypo) and what staff will do if any of these occurs
- It should also include details of any situation in which the parent/carer should be contacted, the contingency arrangements and when an ambulance should be called.
- 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
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- Daily care needs, e.g. the things that need to be done before, during or after PE
- What plans need to be put in place for exams (if applicable)
- Details of where medication and other supplies will be stored and who will have access to them. It should also include what supplies will be needed, how often the supplies should be checked and by whom
- What to do in an emergency, including who to contact
- Any support needed around the child's educational, emotional and social needs, e.g. how absences will be managed, any support put in place for catching up with missed lessons, counselling arrangements etc.

	• A description of the training that has been given and to whom • Any details of when the child needs to eat meals and snacks, what help they need around meal/snack time, e.g. whether they need to go to the front of the lunch queue or have any other special set arrangements around meal/snack time In addition, for any medicine to be administered at school then the school must obtain written permission using the Medicine Treatment Consent Form from the parent/carer and the head teacher for any medication to be administered by a member of staff, or self-administered by the child during school hours. Pupils requiring medicine to be administrated for any school trips (including overnight) or other school activities outside of the normal timetable, will be supported and a plan put in place. Records will be reviewed annually or whenever management of a medical condition changes or when the level of care a child needs changes. The school uses a folder on the staff shared drive to store the individual plans, risk assessments, PEEPS and other relevant documents associated with that individual pupil. There is a centralised register of such plans so that they can be regularly reviewed, at least every year or whenever the pupil's needs change by relevant staff involved with that pupil's care. Other school staff are made aware of and have access to the plan for the pupils in their care. The parents/carers, specialist nurse (where appropriate) and relevant healthcare services are issued with a copy of the plan. The school seeks permission from parents before sharing any medical information with any other party. Medicine is kept with the consent form and record of administration. The date that the medicine was opened is recorded on the container as some medicines must be used within a certain timeframe of opening and not just within the expiry date. The school makes sure that the pupil's confidentiality is protected, as much as reasonably practicable. School staff who are responsible for the administration of the medicine should respect the pupil's right to privacy and ensure that procedures are discreet and well managed.
6.	**RISK ASSESSMENTS** The aim of a risk assessment is to enable the school to take the measures necessary for the safety and health of pupils with conditions when they are in the care of the school. If an individual health care plan has not been deemed necessary for a pupil with a particular medical condition, the school may decide to complete a risk assessment for example: - • If there is a significant chance of triggers to that medical condition being presented at school • If medical equipment used by a pupil may have harmful effects on themselves or others with improper use and/or storage • If the student has had an accident and has limited mobility • If the student has had an operation, or a procedure. Parent/carer will have the opportunity to review and approve the risk assessment.

	All risk assessments are held on the staff shared drive and issued to relevant staff. Additionally, a risk assessment should be completed prior to any school visits, holidays and other school activities outside of the normal timetable; this will be undertaken by the trip organizer, reviewed by the Education Visits Coordinator and School Leader in accordance with the Evolve/Outdoor Education Service's procedures and guidance.
7.	**PERSONAL EMERGENCY EVACUATION PLAN (PEEP)** If a pupil has had an accident/operation/limited mobility/specific need, a PEEP will be generated to address evacuation in an emergency. The admin staff will update relevant staff with information, which can also be accessed on the school shared drive. Practice fire drills will be carried out termly and PEEP's will be reviewed if required. PEEPs are reviewed annually or whenever management of a medical condition changes or when the level of care a child needs changes.
8.	**COMMUNICATION AND TRAINING** All First Aid trained staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school. All staff are notified of any specific medical conditions which may need emergency care and are provided a briefing on the actions required in the event of an emergency. This will be mentioned in the weekly briefings and sent via email in the briefing notes. New staff will be provided with training during their induction. Staff must not give prescription medicines or undertake health care procedures for specific medical conditions without appropriate training. Where any individual staff needs to receive training in order to support a pupil with medical needs, the First Aid & Medical Lead or SENDCo will ensure that sufficient staff are suitably trained and cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available. This will be considered using the First Aid Needs Assessment Form and reviewed regularly or whenever management of a medical condition changes or when the level of care a child needs changes. Training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals by the First Aid & Medical Lead and reviewed by the School Leader and Trust Health & Safety Coordinator. Training is recorded using the Training matrix. A list of first aid trained staff is displayed on the Health & Safety Notice Board and in the Medical Room. The school will arrange training for specific conditions e.g. asthma, allergies, epilepsy and diabetes for members of staff in key positions, if required. The pupil profile on Arbor contains summary information on any medical conditions staff need to be aware of, this is presented when staff view a pupil's profile. A register of pupil medical conditions is maintained by the First Aid & Medical Lead and made available to staff. This register forms part of the documents required in the emergency grab bag and taken by staff when evacuating in an emergency. A list specific to those attending off-site activities will be provided as necessary.

	The kitchen staff are notified daily of any medical conditions they need to be aware of when preparing and serving food via the online Catering Portal or daily meal register. At the start of each academic year a copy of the Dietary Requirements report will be added to the Key Information folders. This will be stored in classes and the admin office, available to any adult who works in the class, e.g. new staff or supply teachers. A further briefing will be released on identification and definition of any new medical need or support requirement. The school understands early CPR and defibrillation can help save lives. The school keeps a defibrillator machine in accordance with The Department for Educations Automated External Defibrillators (AEDs) Guidance for schools. The school provides relevant staff with Defibrillator training, this minimum required is assessed via the First Aid Needs Assessment Form. All staff members appointed as first-aiders will be trained in the use of cardiopulmonary resuscitation (CPR). This includes hands-only CPR and CPR with rescue breaths. The Trust has developed a Resuscitation Action Plan and AED Procedure to guide staff on the use of Automated External Defibrillators (AEDs). This policy outlines key areas including AED location, access, training, maintenance, and registration. It aligns with Department for Education (DfE) guidance on purchasing, maintaining, and using AEDs in schools. The Trust will train a member of staff in Supporting Pupils with Medical Conditions to support the school's First Aid & Medical Lead.
9.	**LIABILITY AND INDEMNITY** The school has an Insurance Policy that will provide an indemnity if a school becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury occurring and in connection with the provision of medicines or medical procedures. Indemnity will also be provided to any member of school staff who is providing support to pupils with medical conditions and has received sufficient and suitable training. Cover provided will be subject to adherence with the statutory guidance on supporting pupils at school with medical conditions. It is important only to administer the medication as per your training and to follow the exact procedures that have been laid down in the child's Individual Health Care Plan. Pupils should never be taken to hospital in staff cars. Allegations of negligence may be made if a seriously ill pupil is placed unsupervised in a vehicle without medical support. Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the school's complaints procedure.
10.	**TRANSPORT TO HOSPITAL** Pupils should not be taken to hospital in staff cars. This is to ensure that pupils receive the appropriate level of medical support and supervision on the way to hospital. In exceptional circumstances and only if this is considered to be in the pupil's best interests, staff may transport a pupil by car e.g., if advised by the emergency services or if there is a significant delay in an ambulance. In these situations, staff are deemed to be acting in loco

	parentis and must always follow emergency service instructions and first-aid guidance. In such instances, two members of staff must be present, one of whom must be a qualified first aider, and the driver must not be responsible for supervising the pupil during the journey.
11.	**ROUTINE ADMINISTRATION** Prescribed medicines • It is our policy to manage prescribed medicines (eg. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from the parents **Non-prescribed medicines** **Administration of Children's Liquid Paracetamol** On occasions where a child requires children's liquid paracetamol, and parental consent has been provided via Arbor, a designated member of staff may administer the medication. This will be recorded on an Administration of Medicine form in accordance with school procedures. To avoid the risk of double dosing, children's liquid paracetamol will not be administered before 12:00pm, as it may have already been given at home that morning. The child's temperature will be checked prior to administration. If their temperature is high or other symptoms are present, parents will be contacted, and the child may be sent home. Before children's liquid paracetamol is administered, a phone call will be made to the parent to confirm consent and ensure safe administration. Parents will be notified via a written slip sent home with the pupil on the day children's liquid paracetamol is given. Please note: • Children's liquid paracetamol will be supplied by the school to ensure it is safely managed and kept in date. • Only children's liquid paracetamol will be administered; no tablets or other forms of paracetamol will be given. • Pupils will not be given aspirin or any medicine containing ibuprofen unless prescribed by a doctor. • The correct dosage will be measured using a syringe, as per the product instructions, and the syringe will be thoroughly washed after each use. **Sun Safety and Suncream Application** The school is committed to promoting sun safety and works hard to ensure shade is available for pupils during hot parts of the day to help prevent sunburn. • Pupils may bring their own suncream to school. • Staff will not apply suncream to pupils; pupils must be able to apply it themselves. • Parents are encouraged to apply suncream to their child before school. **Maintenance drugs** • It is our policy to manage the administration of maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from the parents. On such occasions, a health care plan will be written for the pupil concerned.
12.	**NON-ROUTINE ADMINISTRATION** **Emergency medicine**

	It is our policy (where appropriate) to manage the administration of emergency medicines such as (for example): • Injections of adrenaline for acute allergic reactions o • Rectal diazepam for major fits • Injections of Glucagan for diabetic hypoglycaemia In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted.
13.	**EMERGENCY ASTHMA INHALERS AND EPI PENS** Schools may hold asthma inhalers and EpiPens for emergency use. This is entirely voluntary, and the school follows the Department of Health's published protocol, which provides further guidance. These emergency medications will only be used for pupils who have already been prescribed an inhaler or EpiPen. They will only be administered in an emergency, with written parental consent, and the school will always seek to use the pupil's own prescribed medication first, if available. The school's emergency inhaler and EpiPen are stored in the emergency grab bag located at reception and are intended as a backup in the event that the pupil's own device fails, cant be found or a second dose is required. Please note that the school's emergency inhaler and EpiPen are not taken on school trips. Parents must ensure that their child has a second, prescribed inhaler or EpiPen available for use during off-site activities. Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the School Leader who may decide to administer under certain miscellaneous or exceptional circumstances, often under instruction from medical professional or the emergency services. The emergency salbutamol inhalers will be used in line with the manufacturer's instructions, for the emergency treatment of an asthma attack. The protocol for the use the schools emergency inhaler is following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. The emergency adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis. The protocol for the use of adrenaline auto-injectors is following the Department of Health Guidance on the use of adrenaline auto-injectors in schools You should always phone an ambulance as soon as you have given an adrenaline injection and state clearly that the casualty is having an anaphylactic reaction. The use, storage, care and disposal of the inhaler and spacers will follow this policy. For pupils with known allergies or asthma who are prescribed medication, written parental consent is sought in advance for the use of their own inhaler or EpiPen, as well as the school's emergency inhaler or EpiPen and will be used by staff as required in the event of an episode. In the event of a pupil having a known allergy or asthma diagnosis and has not yet had parental consent they would still be administered in accordance with emergency medical direction. When a child does not have their own EpiPen or inhaler and has no known allergy or asthma diagnosis but is presenting with symptoms of anaphylaxis or asthma attack, the school's

	emergency EpiPen or inhaler may be used by staff only in an emergency and only when directed by the emergency services or a medical professional and will be administered to any pupil regardless of prescription or parental consent under such professional direction. Parents will be informed if their child has used the emergency inhaler or epi-pen. The school's two members of staff responsible for ensuring this protocol is followed are the School Leader and First Aid & Medical Lead. The school will keep both emergency kits together as any food-allergic children can also have asthma, and asthma is a common symptom during food-induced anaphylaxis. The emergency kit for asthma attacks contains: • a salbutamol metered dose inhaler • at least two plastic spacers compatible with the inhaler • instructions on using the inhaler and spacer • instructions on cleaning and storing the inhaler; • manufacturer's information • a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded • a note of the arrangements for replacing the inhaler and spacers • a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans • a record of administration (i.e. when the inhaler has been used). The emergency anaphylaxis kit contains: • 1 or more AAI(s). • Instructions on how to use the device(s). • Instructions on storage of the AAI device(s). • Manufacturer's information. • A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded. • A note of the arrangements for replacing the injectors. • A list of pupils to whom the AAI can be administered. • An administration record. Kits must be checked monthly by a designated member of staff.
14.	**PUPIL RETAINING CONTROLLED DRUGS IN SCHOOL** It is legal for pupils in schools to hold their own controlled drugs, providing they are competent to do so, in accordance with DfE statutory guidance. Pupils will therefore be permitted to hold/carry their own controlled drugs providing <u>all</u> the following three criteria are met: • A health professional directs or advises that this is required • The parents advise that the pupil is competent to hold/carry such controlled drugs • The school considers that the pupil is competent to hold/carry such controlled drugs Where it is determined that these criteria are met, the school will locally implement robust monitoring practices to include:

	• Specific risk assessment • Routine morning and afternoon checks of pupil and drugs held • Random spot checks as required based on local circumstances at the time
15.	**PROCEDURE FOR ADMINISTRATION** When deciding upon the administration of medicine needs for pupils we will discuss this with the parents concerned and make reasonable decisions about the level of care required. Any pupil required to have medicines will have an Administration of Medicine and Treatment Consent Form completed by the parent and kept on file. Individual health care plans will be completed for pupils where required and reviewed annually but must also be reviewed whenever management of a medical condition changes or when the level of care a child needs changes in discussion with the parents to ensure their continuous suitability. For any pupil receiving medicines, a record of prescribed medicines sheet will be completed each time the medicine is administered, this will be kept on file. This includes prescribed medication and non-prescribed medication. Medication should only be given from the original packaging and according to the doctor's original prescribing instructions. It is important to communicate with the pupil for example, making sure that if it is a new medication or short-term antibiotic the pupil is explained why they need the medicine. Or, for example, if the medicine is not going to taste nice, the child is made aware and ideally have something to take the taste away afterwards. If a pupil refuses to take medication staff will not force them, the parents will be informed at the earliest available opportunity. If a pupil expectorates a medication, staff are not permitted to give another dose, they must inform parents at the earliest available opportunity. Two adults (preferably of the same gender as the pupil) should be present in certain circumstances.
16.	**CONTACTING EMERGENCY SERVICES** When a medical condition causes the pupil to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity.
17.	**EMERGENCY PROCEDURE MANAGEMENT** All relevant staff understand and are trained in what to do in an emergency for pupils with medical conditions. All pupils with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required then the school has an individual healthcare plan (IHCP) which explains what help they need in an emergency, or on a day-to-day basis. Parental permission will be sought and recorded in the IHCP for sharing the IHCP within emergency care settings

	The school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's plan. This is often provided by the specialist nurse/ other suitably qualified healthcare professional and/or parent involved in the pupil's care. All staff, including temporary or supply staff understand and are trained in the school's general emergency procedures and receive updates at least yearly. If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a pupil taken to hospital by ambulance. They will not take pupils to hospital in their own car.
18.	**MEDICAL ACCOMMODATION** The medical room will be used for medicine administration/treatment purposes. The room will be made available when required. Some medication will be given in classrooms.
19.	**STORAGE** The storage of medicines is the overall responsibility of the School Leader who will ensure that arrangements are in place to store medicines safely and that staff are aware of this procedure. The storage of medicines will be undertaken in accordance with legislation and product instructions. Medicines should be stored in the original container in which they were dispensed and clearly labelled with the pupil's full name. It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the pupil, the name and dose of the medicine, the date it was opened and the frequency of administration. It is the responsibility of the parents to provide medicine that is in date, in the correct packaging with the correct paperwork. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities. A fridge is provided in the Medical Room for this specific medications and temperature readings are monitored on a daily basis to ensure the optimum temperature is maintained.
20.	**SECURITY OF CONTROLLED DRUGS IN SCHOOL** Controlled drugs will be securely stored using a double lock system to enhance local security. They will be secured in a small combination lock cash box and this cash box will be secured in a locked cupboard or in the Medical Room or admin office which will remain locked when unoccupied. The key will be provided to and securely held by those staff who would be expected to access the controlled drugs for administration purposes.
21.	**SECURITY OF CONTROLLED DRUGS ON SCHOOL TRIPS & OFF-SITE ACTIVITIES** The same locked cash box will be held by a member of staff in a secure zipped/fastened bag which should remain with that member of staff at all times.

22.	**SCHOOL MEDICINES LOG** A log of all medicines held at school on behalf of pupils is maintained by the First Aid & Medical Lead. This includes a note of all expiry dates for follow-up.
23.	**DISPOSAL** It is not the School's responsibility to dispose of medicines. It is the responsibility of the parents to ensure that all medicines no longer required including those which have date-expired are returned to a pharmacy for safe disposal. Parents should collect medicines at the end of school terms. 'Sharps boxes' will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.
24.	**UNACCEPTABLE PRACTICE** School staff should use their discretion and judge each case on its merits with reference to the school's policies and procedures, the pupils care plan and their training. The school makes it clear to staff that the below points are not generally acceptable practice: • To prevent a pupil from easily accessing their inhalers and medication and administering their medication when and where necessary • To assume that every child with the same condition requires the same treatment; • To ignore the views of the child or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged); • To send a pupil with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified • If the child becomes ill, send them to the school 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 • Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively • Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life
25.	**HANDLING OF MEDICATION ERRORS** Guidelines in this policy and supporting documentation, training and staff support should prevent medication being administered incorrectly. However, if a medication error occurs then the School Leader and First Aid & Medical Lead must be notified immediately. The parent/career must also be notified. In some cases, professional advice may be needed from 111 or calling 999 for emergency assistance. An Accident Report form must be completed and an Accident Investigation Form carried out. Following the incident, a review of the circumstances will be handled by the School Leader and any risk assessments updated.

26. **ROLES AND RESPONSIBILITIES**

Each member of the school must know their roles and responsibilities to make sure this policy is effective.

University of Winchester Academy Trust (UWinAT)

UWinAT must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed, implemented and regularly reviewed. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed. They should also make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.

Headteacher

The School Leader should ensure that the school's policy and procedures are developed and effectively implemented. This includes ensuring that all staff are aware of this policy and all supporting policies and pupils care needs are understood. They should ensure that staff understand their role in its implementation and they are supported by regular review meetings, briefings and training.

The School Leader should ensure that all relevant staff are aware of a pupil's condition, by inducting staff/supply staff, weekly briefings, review meetings and providing access to relevant documents.

They should also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. They do this by overseeing delegated staff members and regularly reviewing the First Aid Needs Assessment Form and the Training Matrix, with the First Aid & Medical Lead and the Trust Health & Safety Coordinator.

The School Leader has overall responsibility for the development and review of individual healthcare plans, they delegate this duty to the First Aid & Medical Lead, SENDCos and Leading Teacher and regularly review its practice.

They should assist in pupil referrals in cases where pupils require additional support.

Trust Health & Safety Coordinator (THSC)

The THSC will work with the School Leaders to implement an appropriate Supporting Pupils with Medical Conditions Policy and ensure this meets the school's requirements.

The THSC will be trained in Supporting Pupils with Medical Conditions and support the First Aid and Medical Leads.

The THSC will review the First Aid Needs Assessment and Training Matrix termly with the School Leader to make sure that arrangements are in place and school requirements are being met.

The THSC will meet with the School Leader termly to ascertain that procedures in this policy are being met.

The THSC will do a termly random check of the First Aid and Medical Equipment Check Sheet and first aid kit, to ensure that the first aid kits are maintained and check sheets are completed.

Special Educational Needs Coordinator (SENDCo)

SENDCo must meet the objectives outlined in the SEND policy.

They must work with other key staff members to make sure that a child's needs are identified and support is defined. Know which pupils have a medical condition and which have special educational needs because of their condition. Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements. Ensure support is provided in classes where this is needed. They communicate with parents and healthcare professionals.

The SENDCo supports the school in developing a pupils IHCP or EHCP and ensures they are issued to parents/careers.

Senior Mental Health & Wellbeing Lead (SMHL)

Under the direction of the Headteacher, the SMHL is the designated person to lead school mental health and wellbeing to ensure procedures are in practice and act as a point of contact for staff and pupils. It is their responsibility to oversee, plan, evaluate and implement the school mental health & wellbeing strategy.

They will undertake the Designated Mental Health Leader Course to adequately guide and support them in their role and give them the knowledge and expertise to support staff and pupils.

They will promote the schools Stress Management Policy and the Mental Health & Wellbeing Policy and work with the School Leader and Trust to regularly review and update the polices where appropriate.

First Aid & Medical Lead

Under the direction of the School Leader an on-site First Aid & Medical Leader with sufficient first aid training, supported by the appointed person who is trained in Supporting Pupils with Medical Conditions (General Management), working alongside SENDCo and the THSC, will manage and coordinate the medical needs of the school. This includes:

- Complete the first aid needs assessment and review annually, or sooner when required
- Ensure staff are adequately trained to minimum requirements as outlined in the first aid needs assessment
- Ensuring the first aid and medical equipment checks are carried out reviewing the check sheets termly.
- Responsible for meeting requirements as outlined in the First Aid Policy and Administration of Medicines Policy
- Ensure resources are available
- Ensure specific requirements for medical conditions are met and relevant staff are informed and kept up to date
- Ensure all parents/careers complete the following:

- Pupil Registration Form - form completed by parent/carer for every pupil including all information required (including emergency contact information, medical conditions, etc)
- Administration of Medicine and Treatment Consent Form - completed by parent/careers for pupils who need medication when in school, either long-term for medical conditions or short-term e.g. antibiotics

- Ensure management of medication is in accordance with this policy

First Aid & Medical Trained Staff

Various staff throughout the school are appointed as First Aiders and are adequately trained to provide first aid. In addition to this some staff are also trained in the management of more specific medical conditions such as diabetes, Epilepsy, Anaphylaxis. Staff must achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

School Staff

All school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Any member of school staff may be asked to provide support to pupils with medical conditions, although administering medicines is not part of teachers' professional duties, they should consider 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.

All staff must be aware of this policy and relevant associated polices.

Educational Visits Coordinator (EVC)

The teacher or member of staff leading the activity or visit must consider a pupil's medical needs when planning and risk assessing for off-site activities in accordance with the Evolve/Outdoor Education Service's procedures and guidance. The EVC must review the risk assessment and approve the visit.

Other Healthcare Professionals, including GPs and Paediatricians

Other healthcare professionals should notify the school when a child has been identified as having a medical condition that will require support at school to ensure a coordinated approach. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and comply with their plans.

Other pupils will often need to be sensitive to the needs of those with medical conditions.

Parents

	It is the parents' responsibility to ensure that they notify the school regarding any updates to pre-existing conditions or changes of medication for their child. Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's plan, and may be involved in its drafting. They should 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.
27.	**RELATED POLICIES:** • First Aid Policy • Health & Safety Policy • Mental Health & Wellbeing Policy • SEND Policy • Resuscitation Action Plan & AED Procedure

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