

*'St Mary's Catholic Infant and Junior Academies are committed to safeguarding
and promoting the welfare of children and young people and expects
all staff and volunteers to share this commitment.'*



ST MARY'S
CATHOLIC INFANT AND JUNIOR ACADEMIES

Supporting Pupils with Medical Conditions Policy 2026 2027

Designation	Name	Date Approved	Date of Renewal
Executive Headteacher	Mrs Samantha Birchall	Sept 2026	Sept 2027
Chair of Governors	Mrs Gill Tuck	Sept 2026	Sept 2027

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Statement of intent

The local academy council of St Mary's Catholic Infant and Junior Academy has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in academy life, remain healthy, have full access to education (including academy trips and PE), and achieve their academic potential.

The academy believes it is important that parents of pupils with medical conditions feel confident that the academy provides effective support for their children's medical conditions, and that pupils feel safe in the academy environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The academy has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an Education, Health and Care (EHC) plan collating their health, social and SEND provision. For these pupils, the academy's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the academy's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

a. Legal framework

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

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Pupil Drug and Alcohol Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy
- Admissions Policy

b. Roles and responsibilities

The local academy council will be responsible for:

- Reviewing this policy alongside the executive headteacher and school nurse.
- Ensuring that this policy is readily accessible to parents and academy staff.
- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the academy.
- Working with the local authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.

- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the academy's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the academy because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into academy at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the academy's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a academy is notified that a pupil has a medical condition.
- Ensuring that the academy's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at academy with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The executive headteacher will be responsible for:

- Reviewing this policy alongside the local academy council and school nurse.
- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

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

Pupils will be responsible for:

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

academy staff will be responsible for:

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

The school nurse will be responsible for:

- Reviewing this policy alongside the local academy council and executive headteacher.
- Notifying the academy at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in academy.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Clinical commissioning groups (CCGs) will be responsible for:

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

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

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

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

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for academy staff, ensuring that IHPs can be effectively delivered.
- Working with the academy to ensure that pupils with medical conditions can attend academy full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

c. Admissions

Admissions will be managed in line with the academy's Admissions Policy.

No child will be denied admission to the academy or prevented from taking up a academy place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the academy setting.

The academy will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

d. Notification procedure

When the academy is notified that a pupil has a medical condition that requires support in academy, the school nurse will inform the executive headteacher. Following this, the academy will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the [IHPs](#) section of this policy.

The academy will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the executive headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the academy in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the academy mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

e. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the academy nurse through the

development and review of IHPs, on a yearly basis for all academy staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on a termly basis for all staff, and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the academy are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the SBM and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The local academy council will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the academy's insurance arrangements.

f. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure

agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

g. Individual healthcare plans

The academy, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the executive headteacher will make the final decision.

The academy, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the executive headteacher for medicine to be administered by academy staff or self-administered by the pupil
- Separate arrangements or procedures required during academy trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

The IHP will be developed with the child's best interests in mind. In preparing the IHP the academy will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the academy will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

h. Managing medicines

In accordance with the academy's Administering Medication Policy, medicines will only be administered at academy when it would be detrimental to a pupil's health or academy attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the academy will encourage the pupil to involve their parents, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The academy will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in academy or attending a academy trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The academy will hold asthma inhalers for emergency use. The inhalers will be stored in the School Office and their use will be recorded. Inhalers will be used in line with the academy's Asthma Policy.

The academy will hold Spare Adrenaline Auto Injectors for emergency use. These will be stored in the school office and heads office. These will be used in line with the school's Allergy and Anaphylaxis Policy and Allergy and Anaphylaxis Policy: Use of Spare Adrenaline Auto-Injectors Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

1.1.2 Non-prescription medicines

The academy is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

The academy works on the premise that parents have the prime responsibility for their child's health and should provide academy's and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the academy will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in academy, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the academy will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The academy will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with identification.

- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

i. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies. Following Bendict's Law.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The executive headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of

Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the school office.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via internal telephones. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The academy will keep a spare AAI for use in the event of an emergency, which will be checked on a yearly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the office, ensuring that it is protected from

direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the academy's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a academy trip, pupils at risk of anaphylaxis will have their own AAI with them and the academy will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the academy's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

j. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix D and Appendix E.

k. Emergency procedures

Medical emergencies will be dealt with under the academy's emergency procedures.

Where an IHP is in place, it should detail:

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

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

I. Pupils who cannot attend school

The academy recognises that some pupils with medical conditions may be unable to attend school for a period of time due to their health needs. Where pupils are fit to work, they should attend school where possible. If they are not fit to attend school, there will be the policy they are not fit to complete work at home. In the small number of cases where a pupil is unable to attend school but is well enough to engage in learning, the academy will provide access to remote education to help minimise disruption to their education and maintain a sense of connection with school life in extenuating circumstances.

Remote education arrangements will be tailored to the individual needs, medical circumstances and capacity of the pupil. The academy will work in partnership with parents, healthcare professionals and, where appropriate, the local authority, to determine the most suitable level of provision. This may include:

- Access to learning resources and curriculum materials.
- Work matched as closely as possible to the curriculum being delivered in class.
- Regular welfare and academic check-ins from an identified member of staff.
- Reasonable adjustments to learning expectations, deadlines and workload in accordance with medical advice.

The academy recognises that a pupil's ability to engage with remote learning may fluctuate due to their medical condition. Expectations regarding attendance, participation and completion of work will therefore be flexible and based on the pupil's health needs at the time. The primary aim will be to support continued learning without placing undue pressure on the pupil or family.

Where a pupil is expected to be absent for an extended period, details of remote education arrangements and any necessary adjustments will be recorded within the pupil's Individual Healthcare Plan (IHP) where appropriate. The academy will also work closely with any alternative education providers, hospital schools or local authority services involved in supporting the pupil's education to ensure continuity of learning and a smooth reintegration to school when the pupil is able to return.

For pupils whose medical condition results in an absence of 15 school days or more, whether consecutive or cumulative within an academic year, the academy will work with the local authority to ensure that suitable educational provision is in place, in line with the local authority's statutory duties.

In keeping with the mission of St Mary's Catholic Infant and Junior Academies, the academy will strive to ensure that pupils who are unable to attend school due to medical needs remain valued members of the school community and are supported academically, socially and emotionally throughout their absence.

m. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in academy trips, sporting activities and residential visits.

Prior to an activity taking place, the academy will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The academy will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

n. Unacceptable practice

The academy will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at academy, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or academy office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the academy to administer medication or provide medical support, including for toilet issues. The academy will ensure that no parent is made to feel that they have to give up working because the academy is unable to support their child's needs.
- Create barriers to pupils participating in academy life, including academy trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

o. Liability and indemnity

The local academy council will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The academy holds an insurance policy RPI covering liability relating to the administration of medication. The policy has the following requirements:

(1)	EMPLOYER'S LIABILITY
Limit of Indemnity	Unlimited
(2)	THIRD PARTY PUBLIC LIABILITY
Limit of Indemnity	Unlimited
(3)	PROFESSIONAL INDEMNITY
Limit of Indemnity	Unlimited
(4)	PROPERTY DAMAGE
	Loss of or damage by any risk not excluded to any property owned by or the responsibility of the Member including property the responsibility of the Member due to a lease or hire agreement Cover
Limit	Reinstatement value of the property

All staff providing such support will be provided with access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the academy, not the individual.

p. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the academy in the first instance. If they are not satisfied with the academy's response, they may make a formal complaint via the academy's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

q. Home-to-school transport

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

r. Defibrillators

The academy has a Mediana HeartOn A15 automated external defibrillator (AED). The AED will be stored in the front of both academies on a hook above child height.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the academy will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

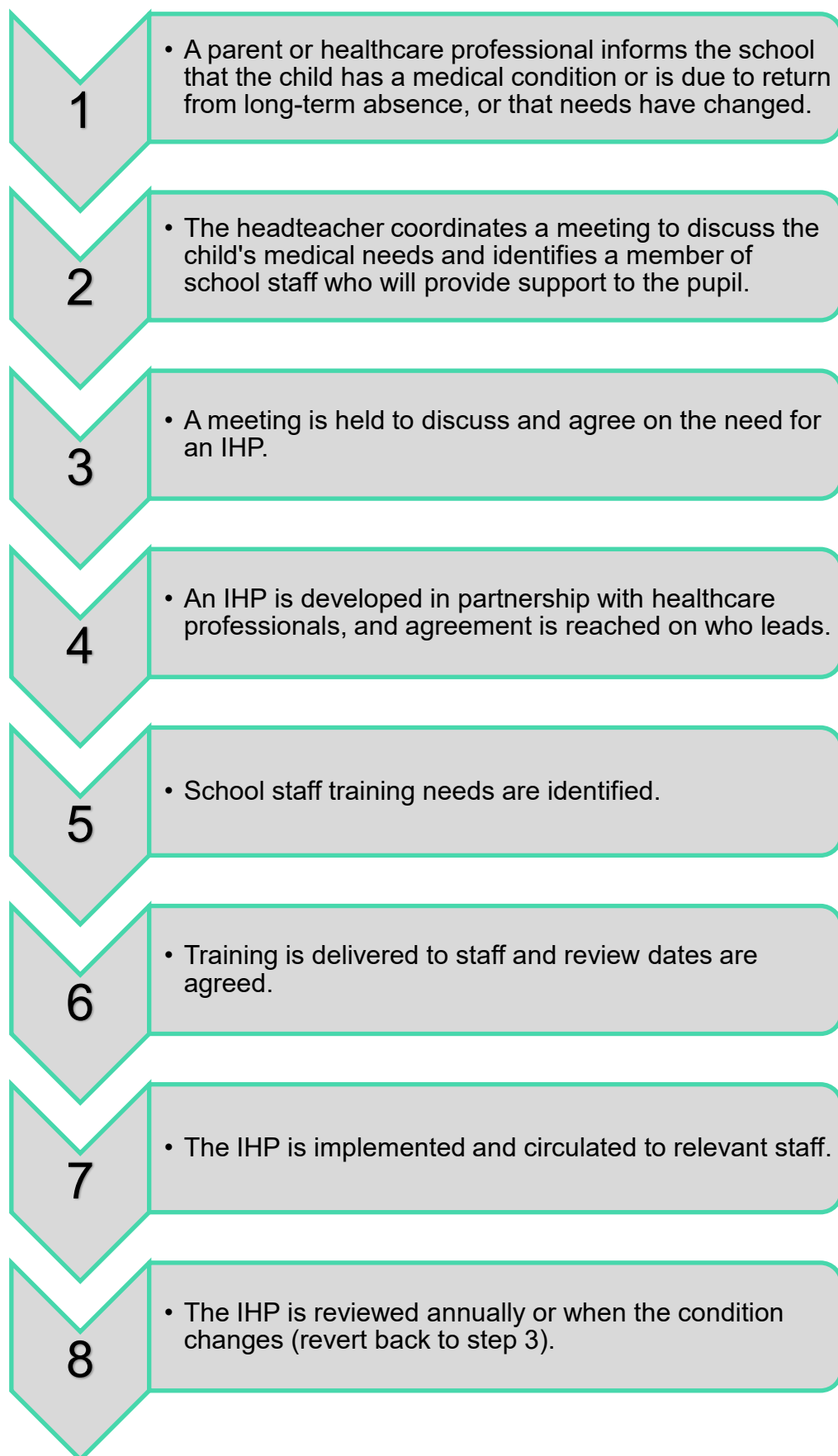
Maintenance checks will be undertaken on AEDs on a weekly basis by the school nurse, who will also keep an up-to-date record of all checks and maintenance work.

s. Monitoring and review

This policy is reviewed on an annual basis by the local academy council, school nurse and executive headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is September 2027.

1. Individual Healthcare Plan Implementation Procedure



2. Individual Healthcare Plan

1.1.3 Pupil's details

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

1.1.4 Family contact information

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

1.1.5 Hospital contact

Name	
Phone number	

1.1.6 Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues

Name of medication, dose and method of administration

Daily care requirements

Arrangements for school visits and trips

Other information

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

Responsible person in an emergency, state if different for off-site activities

Plan developed with

Staff training needed or undertaken – who, what, when:

1.1.7 Parental Agreement for the School to Administer Medicine

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

1.1.8 Administration of medication form

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

1.1.9 Medicine

Name of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions and instruction	
Side effects	
Self-administration yes/no	
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

1.1.10 Contact details

Name	
Telephone number	
Relationship to pupil	
Address	
I will personally deliver the medicine to	<u>Name and position of staff member</u>

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

Signature _____ Date _____

3. Record of Medicine Administered to an Individual Pupil

Name of pupil	
Group/class/form	
Date medicine provided by parents	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Parent signature	

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

4. Record of All Medicine Administered to Pupils

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

5. Staff Training Record – Administration of Medication

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature:

Print name:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Print name:

Date:

6. Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: Juniors 01744 678603 – Infants 01744 678357.
- Your name.
- Your location as follows:

Infants	Juniors
Victoria Road	Barn Way
Newton Le Willows	Newton le Willows
WA12 9QQ	WA12 9RX
- The exact location of the individual within the academy.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.

7. Incident Reporting Form

Date of incident	Time of incident	Place of incident
Name of ill or injured person	Details of the illness or injury	Was first aid administered? If so, give details
What happened to the person immediately afterwards?	Name of the first aider	Signature of the first aider