L.E.A.D. Academy Trust
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L.E.A.D. ACADEMY TRUST

Supporting pupils at school with medical conditions

Policy/Procedure management log

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Introduction

The L.E.A.D. Academy Trust requires this policy to be implemented by all its member academies.

Academies have a responsibility to make sure that safety measures cover the needs of all pupils at the academy. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The academy is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

Pupils with special medical needs have the same right of admission to the academy as other children and cannot be refused admission or excluded from the academy on medical grounds alone.

Teachers and other academy staff in charge of pupils have a common law duty to act *in loco parentis* and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the academy site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and should supply the academy with information. The academy takes advice and guidance from the local authority, Department for Education and health services as appropriate.

The L.E.A.D. Academy Trust defines the policy expectation, but the responsibility for implementation of the policy rests with the Headteacher of each academy.

Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.
- The responsibilities of parents/carers, the Headteacher and staff in relation to supporting medical conditions and the administration of medicines are clearly set out.

Who is responsible for this policy?

The Trust has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory or Trust framework. The Trust has delegated day-to-day responsibility for operating the policy to L.E.A.D. academies, the Academy Governing Body and the Headteacher of each Trust school.

The Senior Leadership Team at each Trust school has a specific responsibility to ensure the fair application of this policy and all members of staff are responsible for supporting colleagues and ensuring its success.

Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation State statutory framework.

This policy also complies with our funding agreement and articles of association.

Roles and responsibilities

Trustees

Trustees are responsible for monitoring support and legal compliance for pupils with medical conditions.
The Trust's Governance Team will ensure AGBs meet the Trust's expectations in relation to policy, governance and compliance

The role of the Academy Governing Body (AGB)

The Governing Body will ensure:

- The policy for supporting pupils with medical conditions is readily accessible to parents and academy staff.
- Any academy policies, plans, procedures and systems are properly and effectively implemented, including the collation and retention of written records of all medicines administered to pupils.
- Arrangements are in place to support pupils with medical conditions; arrangements which ensure that such children can access and enjoy the same opportunities at school as any other child.
- The Academy and multi-agencies work together to ensure that children with medical conditions receive a full education, recognising that in some cases this will require flexibility.
- No child with a medical condition is denied admission or prevented from taking a place in school because arrangements for their medical condition have not been made.
- Sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Individual Healthcare Plans are established where necessary and reviewed at least annually or earlier if evidence is provided that a pupil's needs have changed.
- The Academy complies with their duties under the Equality Act 2010 with regard to disabled pupils.
- The appropriate level of insurance is in place and appropriately reflects the level of risk in the Academy.

The Headteacher

The Headteacher will ensure:

- All staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- All staff who need to know (including any temporary/supply staff) are aware of a child's medical condition.
- Sufficiently trained numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in contingency and emergency situations.
- All staff are aware of the designated persons with responsibility for medical care. For example:
- School Nurse (though not normally on site);
- First Aider;
- The School Nursing Service is contacted in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the School Nurse.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable consider the needs of pupils with medical conditions.
- Appropriate cover arrangements are in place to support pupils with medical conditions in cases of staff absence or staff turnover.
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date.

Staff

- Only staff who are authorised to do so and have received suitable and sufficient training can provide support to pupils with medical conditions.
- Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so.
- All staff will take into account the needs of pupils with medical conditions that they teach.
- In exceptional circumstances, staff may be required to administer medicine or take emergency action. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

- Parents will be required to provide the Academy with sufficient and up-to-date information about their child's medical condition and needs.
- Parents are key partners and will be involved in the development and review of their child's Individual Healthcare Plan. They must 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.

Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them.
- The Academy will ensure pupils with a medical condition are involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan.
- The Academy will ensure that all pupils know what to do, in general terms, in a medical emergency, such as informing a teacher immediately if they think help is needed.

The role of outside agencies

The Academy will liaise with outside agencies including the School Nursing Service, GPs, paediatricians, the Local Authority etc in order to identify pupils with medical conditions, secure advice on devising Individual Healthcare Plans and develop staff training etc.

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

Equal opportunities

Our Academy is clear about the need to actively support pupils with medical conditions to participate in school life including school trips and visits, or in sporting activities, and will make reasonable adjustment to any barriers which might prevent them from doing so.

The Academy will consider what reasonable adjustments need to be made to enable all pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

EYFS settings: 5.1 Obtaining information about medicines

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school 01522 681892 or an email to admin@manor-farm-academy.co.uk if their child's medical needs change during the school year.

Identifying and supporting pupils with medical needs

- The Academy will ensure pupils' medical needs are identified in time for the start of the relevant school term through liaison with the School Nursing Service, Local Authority and parents via an annual pupil data collection return.
- In other cases, such as a new diagnosis or children joining the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- It is the responsibility of parents to inform the Academy of any short-term medical needs (for example, a short course of medication) that arise during the course of the school year.
- In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the Academy will determine the support to be provided based on the available evidence. This will normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.
- Where a medical need (beyond a short course of medication) is identified, the Academy will coordinate a meeting to discuss the child's medical support needs and identify school staff who will provide support.
- All medical conditions and needs identified will be recorded on medical tracker.

Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Helen Joyce.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. All plans are logged on medical tracker and can therefore can be accessed by all members of staff. The governing board and the headteacher / role of the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g., crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g., risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements

Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- Where we have parents/carers' written consent

Non-prescription medication will only be administered to primary aged pupils in exceptional circumstances and procedures will be followed as per prescription medicines.

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- In-date

- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

Administration of medication protocols

- The Headteacher is responsible for considering all requests related to the administration of medication.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- In the event that a child requires medication within school hours, the parent must notify the Academy. No medication (prescribed or non-prescribed) will be administered to a child under 16 without prior consultation with, and written permission from the parent or guardian, obtained through the form shown in Appendix 4 (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents – in such cases, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality). In addition, a note from the family GP confirming the child is fit to attend school and the necessity for the child to take medication during school hours may be required).
- Each request for administration of medication to a pupil in school will be considered individually.
- The Academy encourages and supports children to manage their own medication. Where the Academy agrees to requests for the administration of medication, it is with the understanding that a child will self-administer medication under the supervision of an elected member of staff and in accordance with the Academy procedures. Where pupils cannot self-administer medication, the Academy will coordinate a meeting to discuss the child's needs.
- Any children under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Medicines will only be administered (including in supervisory capacity) by staff willing and suitably trained to do so and then only under the overall direction and responsibility of the designated Senior Leader.
- Specific cultural and religious views on a pupil's medical care will be respected but must be made known to the Academy in writing.
- The minimum amount of medication required by the pupil will be held in school to accommodate the needs of that pupil.
- Medication must be delivered to school by the parent or escort (not sent to school in the child's bag) and given to the Headteacher or relevant Senior Leader.
- The Academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage (except for insulin, which must still be in date but will be provided in a pump or pen rather than its original container). Where a pupil needs two or more prescribed medicines, each should be provided in the separate original container supplied by the pharmacist.
- Medicines received will be logged onto the school's drug file (as shown in Appendix 5) or/and onto Medical Tracker. All essential staff will be able to access medicines in case of emergency.
- The Academy will establish a Pupil Medication Register on Medical Tracker. Persons administering /supervising the administration of medication will check the medication type is correct then log the time and date and sign the chart upon administering medication and again log onto Medical Tracker.

- If pupils refuse to take medication, academy staff will not force them to do so, but will record this in the pupil medication log and follow the procedure agreed in the Individual Healthcare Plan. The Academy will inform the child's parents as a matter of urgency (on the same day the child refused medication). If necessary, the Academy will call the emergency services.
- Some pupils carry their own medication (e.g., inhalers). This decision is based on wishes of parents as well as the age, maturity and ability of the individual child.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

Controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. 2 adults are required to supervise the use of controlled drugs.

Storing and disposal of medication

- The Academy will only store the minimum amount of medication required for a child.
- Wherever possible, parents will be asked to bring in the required dose each day rather than a week's supply.
- Medicines will be stored securely and according to the storage guidelines noted on the original container supplied.
- Non-health-care staff will never transfer medicines from their original containers.
- Pupils will know where their own medication is stored and who holds the key.
- A few medicines, such as asthma inhalers, blood glucose testing meters and adrenaline pens will be readily available to pupils and will not be locked away. These will be kept in a designated and controlled space.
- If the Academy locks away medicines that a pupil might need in an emergency, all staff will know where to obtain keys to the medicine cabinet and be able to do so without delay.
- Staff will not dispose of medicines. Parents will be requested to collect medicines held at school at the end of each term. Parents will be responsible for the disposal of date expired medicines. All medication will be returned to parents when it has expired or is no longer required.
- Where parents do not collect medicine for discarding, staff will contact the local pharmacist who will collect the medication.
- Insulin and unused needles for diabetic pupils will be locked in a medical fridge. Pupils will be required to bring their own ‘sharps’ box into school to store any used insulin needles after taking the required dose.

Hygiene/infection control

- All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures.
- Staff will have access to single-use, protective disposable gloves, hand washing facilities and will take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

School trips

- It is good practice to encourage pupils with medical needs to participate in school trips, wherever safety permits.
- Sometimes additional safety measures for outside visits may need to be made. Arrangements for taking any necessary medication will also need to be taken into consideration.
- Staff supervising excursions will be aware of any medical needs and relevant emergency procedures.

- Sometimes an additional supervisor or parent might accompany a particular pupil.
- During planning, a risk assessment will be undertaken to take account of any steps needed to ensure that pupil with medical conditions is included.
- Where staff are concerned about whether they can provide for a pupil's safety, or the safety of others on a trip, they will seek further advice from the Educational Visits Co-ordinator who will liaise with parents, the school Nurse or the child's GP.

Sporting activities

- Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum, which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities.
- For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE will be included in their Individual Healthcare Plan.
- Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary (especially medication for Asthma, Anaphylaxis).
- Teachers supervising sporting activities will be aware of relevant medical conditions and emergency procedures.
- During planning, a risk assessment will be undertaken to take account of any steps needed to ensure that pupils with medical conditions are included.

Emergency procedures

- All staff will be aware of the Academies' procedure for calling the emergency services (999) and conveyance of pupils to hospital by the safest and quickest means available as directed by the emergency services (car/ambulance)
- If a pupil needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital in an ambulance.
- Generally, staff should not take pupils to hospital in their own vehicle, however, in an emergency it may be the best course of action. This should only be carried out if another member of staff accompanies the causality and driver, and the driver holds business vehicle insurance.
- Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what to do, ensuring that all relevant staff are aware of emergency symptoms and procedures.

Diabetes

- The Academy accepts the responsibility of advising all its staff (teachers, ancillaries and lunch-time welfare assistants etc) in practical diabetes management. The Academy will seek to make close links with the School Nursing Service, as necessary.
- The Academy will seek to develop links with the parents of diabetic children and maintain a record of such pupils and their Individual Healthcare Plans in line with this policy. Parents will be asked to provide details of the necessary treatment.
- Children with diabetes will be encouraged to bring the necessary equipment (be it a fizzy drink, glucose tablets etc) and these will be kept by the Academy or pupil, depending on the age of the pupil and the circumstances (the Academy will liaise with the parents as to the best course of action). The Academy will seek to ensure that the pupil has easy access to whatever is required at all times, whether in the classroom, playground, sports field, swimming pool or on school trips.
- The Academy will aim to allow the pupil to take a full part in school activities unless he/she is severely affected, and teachers will be aware of pupils with diabetes particularly during exercise.

Asthma

- The Academy accepts the responsibility of advising all its staff (teachers, ancillaries and lunch-time welfare assistants etc.) in practical asthma management. The Academy will seek to make close links with the Nursing Service, who will play an important role in educating the staff in asthma management and we will encourage their involvement.
- The Academy will ask all parents if their child has asthma or is very wheezy and if they have to use an inhaler. The Academy will maintain a record of all pupils with asthma and will endeavour to obtain details of every child's treatment from parents, together with 'clear guidance on correct usage' in accordance with the procedures outlined in this policy.
- Pupils with asthma who need a reliever inhaler will be encouraged to have two inhalers - one at home and the other to bring to school daily.
- Pupils who need a preventer inhaler will also be encouraged to have two of these so that they can bring one to school if one needs to be used during the school day.
- Pupils need instant access to reliever inhalers at all times. Delay in taking relief treatment can lead to a severe asthma attack and can, in rare cases, be fatal. The Academy will try to ensure that any pupil has easy access to his/her inhaler at all times whether in the classroom, the playground, the sports field, the pool, during lunchtime and breaks and on school trips.
- The Academy will liaise with parents about whether the child or the teacher should hold the inhaler. The Academy will aim to allow the pupil with asthma to take a full part in all school activities unless the pupil is severely affected.
- During games and P.E. activities, staff will be aware of pupils with asthma who need to use an inhaler either before or during exercise. Pupils will not be required to participate in games or exercise it they say they are too wheezy to continue. A member of staff will ensure that the pupil takes the inhaler to the pool or the sports field. Any member of staff who feels that a pupil is becoming too over-reliant on their reliever inhaler or has poorly controlled asthma must report their concerns to the Headteacher or relevant Senior Leader, who will contact the parents.
- If a child with severe asthma needs to use a nebuliser to deliver his/her drugs, the Academy will liaise with the parents and the School Nurse to ensure correct management of the nebuliser.
- If classroom pets are likely to cause problems for children with asthma, the Academy will ensure that the asthma sufferer does not come into contact with the pets.
- If a child has an asthma attack at school, they should be treated according to their Individual Health Care Plan. An ambulance should be called if:
  - the symptoms do not improve sufficiently in 5 – 10 minutes;
  - the child is too breathless to speak;
  - the child is becoming exhausted;
  - the child looks blue.

*Reliever inhalers - Ventalin, Brycanyl, Salbutamal
*Preventer inhalers - Intal, Becotide, Pulmicart

Highly infectious diseases (e.g. meningitis)

- As soon as the Academy becomes aware that a pupil or member of staff is affected, the advice of the Public Health Service will be sought and acted upon, keeping parents, staff and others informed as fully as possible.

Allergies – see specific policy

- The Academy should be made aware of children with allergies through the normal admissions channels.
- Most allergies, such as hay-fever, are controllable with inhalers, sprays and drops and the same procedures will take place as laid down for Asthma.
- Where pupils have food allergies an Individual Care Plan will be devised and all staff, including kitchen staff, will be given a list of the pupils involved and the allergies they have. Where pupils have an allergy which

produces a violent allergic reaction, such as peanut allergy, the Academy will liaise closely with the parents and local health team to ensure that appropriate measures can be put in place.

HIV and Aids

If the School is informed that a pupil or member of staff, or a visitor has the HIV infection or Aids, the advice of the Public Health Service will be sought and acted upon.

Headlice

Head-lice is an increasing and on-going problem, exacerbated by the fact that a small number of parents do not check their children's heads regularly, nor do they carry out sufficiently vigorous treatment.

The academy policy is:

- to send out advice on a regular basis, particularly if there are a lot of parental complaints;
- keep a close check on children during the course of the teaching day;
- send home letters to individuals who are affected, with a warning and advice on how to treat the condition and a request not to send the child back to school until treatment has begun;
- send a 'head-lice alert' notice home with children in the same class;
- educate children about personal cleanliness (including hair-brushing) within the curriculum.
- The Academy is not in a position to check or treat children's heads themselves nor to allow other parents to do so. Parental permission must be sought for the School Nurse to check heads.

Intimate care

- Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care.
- Pupils who require regular assistance with intimate care have written Individual Health Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as School Nurses or physiotherapists.
- Additional vulnerabilities that may arise form a physical disability or special educational needs must be considered with regard to Individual Health Care plans.
- The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- Where an Individual Health Care Plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.
- Adults who assist a pupil with intimate care should be employees of the Academy, not volunteers and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- As part of safer working practice, intimate care will normally be provided by a member of staff who is the same gender as the pupil, but the Academy will seek to allow every pupil to have a choice about the member of staff who will provide their intimate care.
- Accurate records should be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

The following guidelines assist in promoting positive attitudes to intimate care:

- Be familiar with the pupil beforehand in other contexts to gain an appreciation of their moods and verbal and non-verbal communication.
- Speak to the pupil personally by name so that they are aware of being the focus of the activity.

- Give explanations of what is happening in a straightforward and reassuring way;
- Enable the pupil to be prepared for and to anticipate events whilst demonstrating respect for their body e.g. by giving a strong sensory clue such as using a sponge or pad to signal intention to wash or change.
- When washing, always use a sponge or flannel and where possible encourage the pupil to attempt to wash private parts of the body themselves.
- Provide facilities which afford privacy and modesty.
- Respect a pupil's preference for a particular carer and sequence of care.
- Keep records which note responses to intimate care and any changes in behaviour.
- Agree appropriate terminology for private parts of the body and functions to be used by staff and encourage pupils to use these terms as appropriate.
- Speak to older pupils in a way that reflects their age.

In order to ensure the health and safety of staff and pupils involved in intimate care:

- There must be sufficient space, heating and ventilation to ensure the pupil's safety and comfort.
- More than one member of staff should be available if a pupil is difficult to move or handle.
- Hoists must be provided for staff moving heavier pupils.
- There must be a suitable changing table.
- There must be a disabled toilet and/or appropriate toilet seats for children who require them.
- Items of protective clothing, such as gloves and disposable aprons, should be provided and readily accessible.
- Special bins must be provided for the disposal of wet or soiled pads.
- There must be special arrangements for the disposal of any contaminated waste/clinical materials .
- Supplies of suitable cleaning materials should be provided for cleaning and disinfecting changing surfaces.
- Supplies of fresh clothes should be easily to hand so that the child is not left unattended whilst they are found.
- Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions and residential experiences.

From a safeguarding perspective, it is acknowledged that intimate care involves risks for children and adults. The Academies safeguarding procedures will be adhered to. If a member of staff has any concerns about physical changes in a pupil's presentation, these will be reported immediately to the Designated Safeguarding Lead. If a pupil, or any other person, makes an allegation about an adult working at the school, this will be dealt with in accordance with the school's policy on dealing with allegations of abuse against members of staff (see Safeguarding (Child Protection) Policy).

Unacceptable practice

The Academy acknowledges that is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Liability and indemnity

The Trust has arranged cover liability arising from the provision of incidental medical treatment arising out of the following activities:

- First aid.
- Administration of prescribed and non-prescribed drugs or medicines.

Some examples of the treatments deemed to be covered are: use of EpiPens, use of defibrillators, injections, dispensing prescribed and non-prescribed medicines, application of appliances such as splints and oral and topical medication.

The Academy will liaise with the insurance providers to determine whether individual cover may be required for any health care procedures.

Training

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Record Keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily-accessible place that all staff are aware of.

EYFS settings: Recording information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine (see section 5 of this policy), and a system for keeping this information up to date.

We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

Complaints

Any individuals wishing to raise a complaint relating to the support provided for pupils with medical conditions should follow the School's Complaint Policy.

Monitoring, evaluation, and review

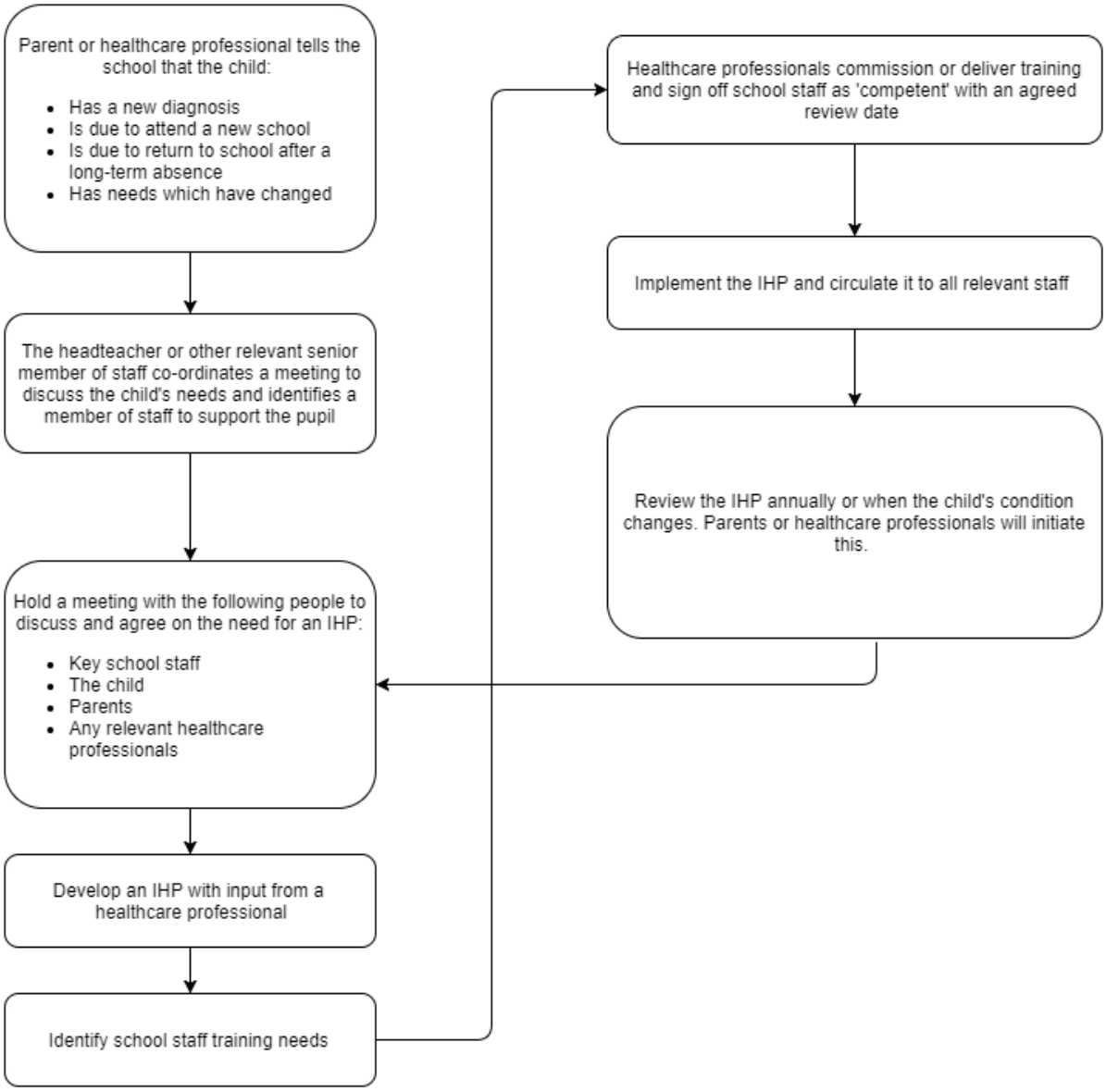
- The policy will be promoted and implemented throughout all Trust schools.
- The Trust will monitor the operation and effectiveness of arrangements referred to in this policy at each Trust school.
- The Trust will review this policy annually.

Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- EYFS policy
- Allergy and Allergens policy

Appendix 1: Being notified a child has a medical condition.



Appendix 2: Healthcare Plan for pupils with medical needs

Sample Individual Healthcare Plan for Pupils with Medical Needs

L.E.A.D. Academy Trust

Plan Number:

Child / Young Person's Information

Personal Details

Child's Name:		
Date of Birth:		
Year Group:		
School:		
Address:		
Postcode:		

Medical condition(s): Give a brief description of the medical condition(s) including the description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

Family Contact Information

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	

Other Contact Information

	Name	Contact details
Specialist nurse (if applicable):		
Key worker		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/school nurse:		

SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head Teacher:		
Person implementing plan:		
Any provider of alternate provision:		

This child / young person has the following medical conditions…
…requiring the following medical treatments…

Medical condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment hat is not be administered in school? What are the side effects? (if any)	

Routine Monitoring (if applicable)

Some medical conditions will require monitoring to help manage the child / young person's condition.

See also section 10 for training monitoring training requirements.

What monitoring is required?	
When does it need to be done?	
Who does the monitoring?	
Does it require any equipment?	
How is it done?	
Is there a target?	

Emergency Situations

An emergency situation occurs whenever a child / young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

Impact on Child's Learning

How does the child's medical condition affect learning? i.e. memory, processing speed, co-ordination etc.	
Does the child require any further assessment of their learning?	

Care at Meal Times

Has a dietary requirement request form been completed (if required)?	
What other care is needed?	
When should this care be provided?	
How is it given?	
If it is medication, how much is needed?	
Any other important information?	

Physical Activity

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

Trips and Activities Away from School

What care needs to take place?	
When does it need to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child / young person on the trip?	

School Environment

Does the school environment affect the child's medical condition? (if so provide details)	
What changes can the school make to deal with these issues?	
Location of school medical room	

Educational, Social and Emotional Needs

Is the child / young person likely to need time off because of their condition?	
What is the progress for catching up on missed work caused by any absences?	
Does the child require extra time for keeping up with work?	
Does the child require any additional support in lessons? (include detail)	
Is there a situation where the child / young person will need to leave the classroom?	
Does the child require rest periods?	
Does the child require any emotional support?	
Does the child have a buddy? e.g. help carrying bags to and from lessons?	

Staff training

What training is required?	
Who needs to be trained?	
Provide details of courses attended? (with dates)	

Additional Information

Sign off

	Name	Signature	Date
Young person			
Parents / carer			
Healthcare professional			
School contact			
School nurse			

Appendix 3: Model letter

Dear Parent

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the academies' policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Healthcare Plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual Healthcare Plans are developed in partnership between the Academy, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Individual Healthcare Plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Healthcare Plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours faithfully

Appendix 4 – Request for Academy to Administer Medication

Parental Request for School to Administer Medication

L.E.A.D. Academy Trust

The school staff will not issue your child's medicine unless you complete and sign this form.

Details of Student			
Student name			
Date of birth		Tutor group	
Address			
Condition or illness			

Medication	
Name/type of medication (as described on the container)	
For how long will your child take this medication	
Date dispensed	
Expiry date	
Full directions for use	
Dosage and method	
Timing	
Special precautions / other instructions	
Side effects	
Self-administration*****	YES / NO (delete as appropriate)
Procedures to take in an emergency	

Contact details			
Name			
Relationship to student			
Daytime telephone number			
Address			
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. **I understand that I must deliver the medicine personally to the school.**			
Date		Signature(s)	

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

**Please note, if your child cannot self-administer their medication under the supervision of school staff, the Academy will contact you to arrange a meeting to discuss your child's needs.*

Appendix 5: Academy Drug File (sample)

L.E.A.D. Academy Trust

School Drug File

Student's Name	Name of Medication	Health Care Plan No. (if applicable)	Name of Staff Accepting Delivery	Signature of Staff Accepting Delivery	Date / Time Medicine Accepted

Appendix 6: Sample medication log

L.E.A.D. Academy Trust

Pupil Medication Log

Details of student and medication	
Student name	
Date of birth	
Tutor group	
Date medication provided by parent	
Medication name and strength	
Quantity received	
Expiry date	
Dose	
Frequency	
Predicted end date of treatment	
Individual Health Care Plan No. (if relevant)	
Parent / Carer written permission	YES / NO

Date	Time Given	Dose Given	Reactions	Staff Signature	Staff Initials	Student Signature

Date medication collected from school and taken home by parent	

Date	Time Given	Dose Given	Reactions	Staff Signature	Staff Initials	Student Signature
Quantity returned to parent						
Parent name			Parent signature			

Appendix 7: Staff Training Record – Administration of Medication

Staff Training Record – Administration of Medication

L.E.A.D. Academy Trust

Details of Training	
Name of member of staff	
Type of training received	
Date training completed	
Training provided by	
Profession and title	
Organisation	
Training review/refresher date	
Declaration	
I confirm that the aforementioned member of staff has received the training detailed above and is competent to carry out necessary treatment.	
Trainer's signature	
Qualification	
Date	
I confirm that I have received the training detailed above.	
Staff signature	
Date	