ADVANCE LEARNING PARTNERSHIP

Supporting Pupils with Medical Conditions

Date: September 2026

Review Date: September 2027

Relating to all Academies of the Advance Learning Partnership Multi Academy Trust

Contents

Statement of Intent

Advance Learning Partnership (ALP) positively supports pupils with medical conditions to ensure they receive appropriate care and support at school. All pupils have an entitlement to a full-time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. ALP will have regard to statutory guidance issued and take account of it, carefully consider it and we make all efforts to comply.

Advance Learning Partnership (ALP) 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 school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

ALPs family of schools believe it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school 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 EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school'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.

Aims and principles

This policy describes the essential criteria for how the school can meet the needs of pupils with short- term and long-term medical conditions. Advance Learning Partnership (ALP) and its family of schools is an inclusive community that welcomes and supports pupils with medical conditions and provides them with the same opportunities and access to activities as other pupils.

This policy aims to ensure that:

- Pupils, staff and parents/carers 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 key principles of this policy ensure that:

- All staff understand their duty of care to pupils and understand that medical conditions may be serious, adversely affecting a pupil's quality of life and impacting their ability to learn.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- Dedicated staff members are competent in developing and monitoring Individual Healthcare Plans (IHPs).
- There is always a staff member available to support pupils with medical conditions.

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:

- Special Educational Needs and Disabilities (SEND) Policy
- Allergen and Anaphylaxis Policy
- Asthma Procedure
- Diabetes Procedure
- Epilepsy Procedure
- Equality Information and Objectives statement
- Attendance and Absence Policy
- Admissions Policy
- Accessibility Plan
- Health and Safety Policy
- Educational Visits Policy
- Complaints Procedures Policy

Roles and Responsibilities

Advance Learning Partnership is responsible for:

- Providing training, support, advice and guidance to academies enabling them to:
- Support pupils with medical conditions
- Ensure Individual Healthcare Plans (IHPs) are effectively delivered
- Working alongside academies to ensure pupils attend school full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who would otherwise not receive a suitable education.
- Ensuring that where a school has a defibrillator, it is serviced regularly.

The Trust board will be responsible for:

- 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 at school as any other child
- Working with the 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/carers and pupils in the school'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 school 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 school 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 school'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 school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school 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 Headteacher will be responsible for:

The Headteacher ensures by delegation of the below duties to the SENCO whilst retaining responsibility for:

- 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 and subsequent condition-specific procedurals (Asthma, Diabetes, Epilepsy, Anaphylaxis)
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all 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.
- Ensuring confidentiality and data protection.
- Ensuring there is an appropriate environment for medical treatment/care.

School staff will be responsible for:

- Reading the Individual Care Plans in place for identified pupils.
- Providing support to students with medical conditions upon request, including administering medications, when necessary, though it is not mandatory
- Knowing where medication is securely stored.
- Considering 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.

Parents/Carers will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Providing school with the medication their child requires and keeping it up-to-date including collecting left over medicines.
- Completing relevant consent forms permitting the school to administer medicines/treatment.
- 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.

The school nurse be responsible for:

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

Integrated Care Boards (ICBs)/Integrated Care Systems (ICSs) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools 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 school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, 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 school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school 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.

Admissions

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

No child will be denied admission to the school or prevented from taking up a school 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 school setting.

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

Notification procedure

When an academy of ALP is notified by parents and/or health professionals, that a pupil has a medical condition that requires support during the school day, the school 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 school 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 Headteacher and/or delegated staff members, based on all available evidence, including medical evidence and consultation with parents/carers

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous school/education setting. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place in a timely manner.

Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff training is currently made available through National College for pupil specific pupil needs in relation to Asthma, Diabetes, Epilepsy and allergies.

Staff will not undertake healthcare procedures or administer medication without appropriate training.

The school nurse or appropriate specialist nurse is contacted to provide specific training to staff members.

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/updates will be carried out on a **termly** basis, where appropriate for all staff and included in the induction of new staff members.

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

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 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 school's insurance arrangements.

Records of all training undertaken by staff will be recorded and held accordingly.

Self-management

Following discussion with parents/carers, 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/carers 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.

IHPs

The Headteacher of each academy has overall responsibility for the development of IHPs for pupils with medical conditions. This may be delegated to the SENCO or another designated member of staff.

Not all pupils with a medical condition will require an IHP. The school, 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 Headteacher will make the final decision.

The school, 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.

The level of detail in the plan will depend on the complexity of the pupil's condition and how much support is needed. 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 Headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school 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.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

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 school 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.

Schools can use their own IHP template or they can adopt the DfE's template which can be accessed here. Further templates can be found in the condition-specific procedurals (Asthma, Diabetes, Epilepsy)) which are specifically designed for that condition.

Epilepsy Procedure 26-27

Diabetes Procedure 26-27

Asthma Procedure 26-27

Managing medicines

In accordance with administering medication guidance, medicines will only be administered at school when it would be detrimental to a pupil's health or school 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 school will encourage the pupil to involve their parents, while respecting their right to confidentially.

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.

Consent to administer medicines

Written consent from a parent/carer must be provided to enable a school to administer prescribed medicines to a pupil. Please refer to appendix C.

Schools can administer non-prescribed paracetamol and antihistamine to pupils with written consent. The written consent (completed with admission paperwork) must be held on the pupil's file and verbal consent from a parent/carer must be obtained prior to administering the medication to ensure adherence to dosage instructions to avoid overdose. In addition, Primary/Early Years can provide sun cream to pupils, when necessary, where consent from a parent/carer has been obtained. Children will be encouraged to apply their own sunscreen where possible, following the guidance available. https://www.sunsafeschools.co.uk/

Written consent from a parent/carer must be provided to enable a school to administer school medicines to a pupil from the agreed nominated trained staff member(s). Please refer to Appendix D.

Any medications administered to pupils will be recorded appropriately. For a suggested templated please refer to appendix E and F.

Where staff identify any concerns over non-prescribed medication, i.e. the length of time requested to administer, staff should highlight this to the school nurse, parent and/or medical professional for guidance. Schools may request for non-prescribed medication to be prescribed.

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

The school 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 school or attending a school 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.

Sharps boxes will be used for the disposal of needles and other sharps and stored securely.

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.

Schools will ensure controlled drugs are stored securely in a non-portable container and only named staff (as requested by the SENCO) should have access. Pupils are not permitted to carry or self- manage controlled drugs in school.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. The record for medicines/controlled drugs, provided from home, may include a photo of the child for extra safety precautions. See appendix E.

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 the Behaviour Policy.

Records will be kept of any controlled drugs administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom.

Schools must keep the record of administration of the controlled drug on the individual pupil record and a whole school overview. Schools should keep a log of this either by using a bound book or an electronic log. Suggested templates are available in Appendix E and F. These templates can either be updated as an electronic version or a written record which is then scanned in as appropriate.

Pupils managing their own needs

Competent pupils will be encouraged to take responsibility for managing their own medicines and health needs. This will be discussed with parents/carers, and it will be reflected in the pupils IHP.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's.

IHP, but it is generally not acceptable 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 (although this may be challenged)
- Send pupils 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.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- 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 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 pupils, including with toileting issues. No parents/carers 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.

Self-harm

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. This figure is higher amongst specific populations, including young people with special educational needs. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents/carers of pupils currently engaging in self-harm.

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body. School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicidal ideation. Such incidents should be reported to the Designated Safeguarding Lead in the first instance.

Where warning signs are identified, a meeting is to take place with the DSL, Head of Year and where need identified parent/carers and an IHP put in place. It may also be necessary to refer the pupil to a specialist services.

With the IHP a risk assessment will be put in place and the SENCO must contact Bev Jones (Health and Safety lead at ALP's Central Service Team) for support and guidance to complete the risk assessment.

Pupils with health needs who cannot attend school

Schools across ALP work in partnership with pupils, parents/carers, medical services, other professionals and education providers to enable pupils with medical needs who are unable to attend school to receive education in a hospital setting or at home. Our academies will be proactive in promoting the education entitlement of pupils on roll and in securing effective provision.

This applies to pupils unable to attend school for reasons of sickness, injury or mental health needs where a medical practitioner considers that a pupil should not or could not attend school.

This policy is based upon the statutory guidance for Local Authorities 'Ensuring a good education for children who cannot attend school because of health needs', January 2013.

This comes under the category of 'education otherwise' when the pupil remains on the school roll and is educated temporarily in a hospital setting or through home tuition.

School's Responsibility

Where a pupil is absent from school for medical reasons, the academy will provide educational tasks and resources for use at home when the pupil is well enough to engage in education. This may include remote or blended learning for a specified period agreed by the school. The education provided shall be of high quality and as broad and balanced as possible so that a smooth reintegration is achievable. This applies solely to absences that are due to genuine medical conditions and does not include minor

ailments such as colds or any non-medical reasons.

When an absence is known to be more than 15 days or exceeds 15 days, home tuition should be offered to the pupil. This may be provided through the Education Health Needs Teams in partnership with Durham County Council. There is no charge for this service, but should home tuition exceed 6 months then a charge may be made to the home school. Medical evidence will be required.

For schools in Darlington Borough Council, please refer to the Home and Hospital Teaching Service.

Where a pupil is admitted to hospital, the school will liaise with the teaching service to inform them of the curriculum areas the pupil should be covering during their absence. Where possible, the school will plan the educational programme of the pupil with the service provider, taking into account (as appropriate) the medical condition, treatment, effects of medication, therapeutic programmes provided and the expected duration of absence from school.
ALP will aim to ensure maximum continuity of education for the pupil by providing:

- Programmes of study/schemes of work
- Remote learning/technology if required
- Appropriate resources
- Information relating to the pupil's ability, progress to date, assessment data and special educational needs.

Where practical, the school will host review meetings as the pupil remains on the school roll and is, therefore, the school's responsibility.

Where pupils have recurrent admissions or have a planned admission to hospital, the school will aim to provide a pack of work for the pupil to take into hospital with them.

ALP will foster communication and sharing of best practices between teaching staff at the Academies and the staff providing the education.

Throughout the absence, the school will maintain contact with both parents/carers and the pupil. This will include regular communication via letters, newsletters or e-mail. Both the Trust and the education providers will support and advise pupils and their parents/carers, as appropriate, during the absence.

The school should expect to receive regular reports and assessments of pupil progress from the service provider, if service involvement is established, during the pupil's absence and a folder of work on return to school.

The Pastoral Leaders, usually through the liaison member of staff, will ensure that all relevant staff are aware of a pupil's absence and of their responsibility towards maintaining continuity of education for the pupil.

Reintegration into the school

The school will work with providers of education, doctors, educational psychologists and any other relevant professionals, the parents/carers and the pupil to plan a gradual and sensitively orchestrated reintegration into school.

The school will ensure that the pupils and staff in the school who have maintained contact with the absent pupil will play a significant role in helping the pupil to settle back into school.

The school will accept part-time attendance where pupils are medically unable to cope with a full day until the pupil can attend for full school days.

The school will make arrangements for pupils with mobility problems to return to school, taking account of health and safety issues, organising risk assessments and seeking advice on lifting and handling procedures where necessary.

The impact on staff will be taken into account and additional support may be required from the SEN devolved budget or via review and referral to the SEN panel.

Medical Conditions in Early Years (Birth–5)

Early Years Compliance

The Trust recognises the specific health, medical and care needs of children aged 9-months+. In addition to Trust-wide procedures, the following EYFS requirements apply:

At least one Paediatric First Aid (PFA) qualified member of staff will be on the premises at all times, and accompany children on outings.

Individual Healthcare Plans (IHPs) for children in the Early Years setting will consider age-specific factors such as feeding, allergies, anaphylaxis risks, sleeping routines, and medication administration for infants.

Safe storage and preparation of formula milk will follow NHS and HSE safer food guidance.

Staff will be trained in recognising non-verbal indicators of illness, pain or allergic reaction in preverbal children.

Medication administered to babies and toddlers will be documented with additional detail relating to dosage verification and time-interval checking.

Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Procedure is implemented consistently to ensure the safety of those with allergies.

Parents/carers 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 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 sought from the Central Catering Manager.

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 procedures. 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 and given/shared with relevant staff (e.g. First aiders) for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Prescribed AAI devices will be stored in suitably safe and central location – the **school office**.

Secondary schools - Pupils who have prescribed AAI devices can keep their device in their possession, however it is advisable for a device to be stored in a suitably safe and central location, **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.

The school will keep a spare AAI for use in the event of an emergency, which will be checked monthly to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in **the medical room/school 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 school's device. Where any AAIs 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

The appropriate dose, as prescribed, would be used.

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

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

Further information relating to the school's procedures addressing allergens and anaphylaxis can be found in the Allergens and Anaphylaxis Policy.

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. The suggested appropriate forms for record keeping can be found in Appendix E and F.

Each Academy will keep records of all medications 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 relating to their medical condition.

IHPs are stored in a readily accessible place that all staff are made aware of.

All records relating to a pupil's medical needs will be kept on their file and stored in a secured shared area for staff to access and update when necessary. All records are monitored regularly by the SENCO and reviewed annually. All information is stored in accordance with GDPR and the IRMS toolkit (Please refer to the Information Management Policy for guidance).

Schools should ensure the following are in place:

- Parental/carer consent to administer medication, including additional consent for specific medical needs
- Consent to administer school medication
- Whole school overview record of controlled drugs
- Individual pupil record of controlled drugs administered
- Whole school overview record of medicine administered to all pupils

This policy provides suggested templates for schools to use for consent of parent/carer and to log an individual pupil and whole school medication record. Schools may adapt as required.

Emergency procedures

Medical emergencies will be dealt with under the school's First Aid Policy.

Where an IHP is in place, it will 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.

Day trips, residential visits and sporting activities

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

Prior to an activity taking place, the school 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 school 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.

Each Academy will ensure that a key person is identified and trained to support students who may require medication on school visits. A second person, where required, will also be identified and trained but would only be used in an emergency.

Medicines will be transported in a sealed plastic box labelled with the pupil's name and the name of the medication. Should there be a large number of medications, each separate medication will be placed in a clearly labelled, sealed plastic bag and stored in one box.

The medication bag/box will also contain the consent form, recording paperwork, copies of relevant emergency protocols from the IHP and the emergency contact details.

In respect of emergency medication (for example adrenaline pens, asthma inhalers) a member of staff will be trained and competent in using this medication.

For residential trips, the Academy will take non-prescription medication (such as Paracetamol/Calpol and antihistamine) and consent will be sought from parents/carers to enable staff to administer over the counter medication as necessary for the duration of the residential. Controlled drugs will be transported in a separate sealed container and all medication will be held by the lead member of staff. A separate register for recording the administering of controlled drugs will be provided for residential trips. The member of staff who administered the medication will complete the register.

For children who have an IHP staff should review prior to the trip taking place and ensure that suitably staff are suitably trained.

Equal opportunities

ALP academies are clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or sporting activities, and not prevent them from doing so.

All academies will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out by the school in consultation with professionals 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/carers and any relevant healthcare professionals will be consulted.

Risk assessments in schools should be completed by designated staff members with appropriate training, such as school leaders.

Unacceptable practice

The school 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 school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school 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 school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Liability and indemnity

The Trust Board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions, and appropriately reflects the school's level of risk.

The school holds an insurance policy with RPA covering liability relating to the administration of medication. The policy has the following requirements:

All staff providing such support will be provided with access to the insurance policies, available on our Compliance System.

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

Home-to-school transport

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

Defibrillators

The school has automated external defibrillator (AED). The AED will be stored in designated areas in an unlocked, alarmed cabinet. Schools will have their own guidance for clearly identifying the location of AED(s).

All staff members and pupils will be made aware of the AED's location and what to do in an emergency.

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. For more information schools should contact their first aid provider.

It is good practice for staff to receive AED training when undertaking First Aid Training. The First Aid Trainer can confirm the course content when First Aid Training is being booked.

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 who will also keep an up-to-date record of all checks and maintenance work.

Safeguarding

We are committed to safeguarding and promoting the welfare of all children as the safety and protection of children is of paramount importance to everyone in this school.

We work hard to always create a culture of vigilance, and we will ensure what is best in the interests of all children. We believe that all children have the right to be safe in our society.

We recognise that we have a duty to ensure arrangements are in place for safeguarding and promoting the welfare of children by creating a positive school atmosphere through our teaching and learning, pastoral support and care for both pupils and school personnel, training for school personnel and with working with parents. We teach all our children about safeguarding.

We work hard to ensure that everyone keeps careful watch throughout the school and in everything we do for possible dangers or difficulties. We want all children to feel safe at all times.

We want to hear their views of how we can improve all aspects of safeguarding and from the evidence gained we put into place all necessary improvements.

If a member of staff has any concerns in relation to the child's welfare/wellbeing the member of staff should log this on CPOMS and speak with Designated Safeguarding Lead, or appropriate team member.

Further guidance can be found in the Safeguarding Policy.

Equality and Diversity

Under the Equality Act 2010, we have a duty not to discriminate against people on the basis of age, race, disability, gender reassignment, sexual orientation, sex, marriage & civil partnership, pregnancy & maternity, religion/ belief or political/ other personal beliefs.

We believe that this policy is in line with the Equality Act 2010, as it is fair, it does not prioritise or disadvantage any pupil, and it helps to promote equality across the Trust.

Complaints

All complaints should be raised with the school in the first instance.

The details of how to make a formal complaint can be found in the School Complaints Policy.

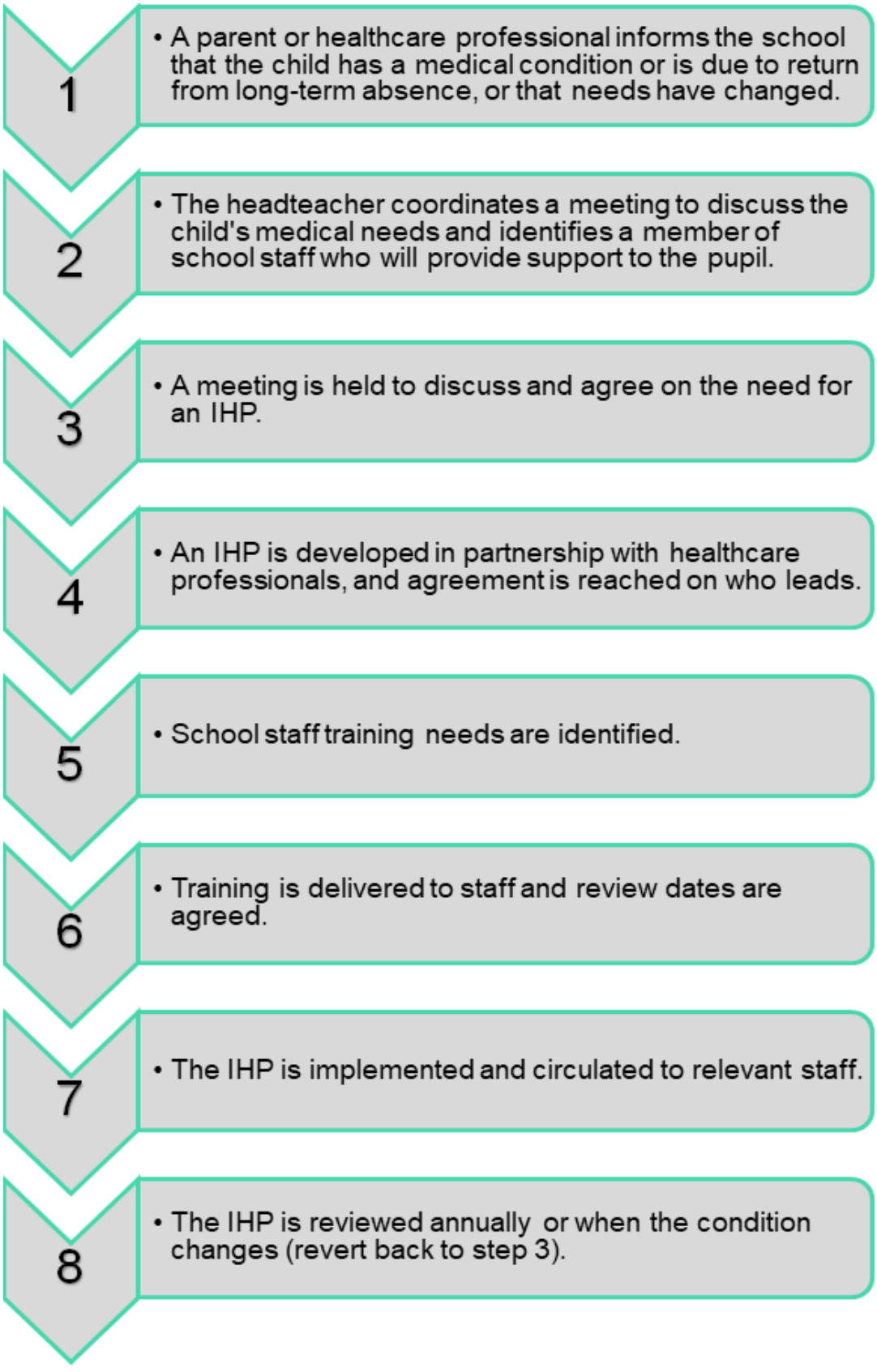
Accessibility statement

We are committed to ensuring that our policies are accessible to all individuals. If you require this policy document in an alternative format, such as Braille, large print, or another language, please do not hesitate to contact our office. Immersive Reader tools are a useful way for an enhanced reading experience. PDF and word have this as a function. Your accessibility needs are important to us, and we are here to assist you in any way possible.

Monitoring and Review

This policy is reviewed annually by the Trust Board and Headteachers. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Appendix A - Individual Healthcare Plan Implementation Procedure



Appendix B - Individual Healthcare Plan

Pupil's details

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

Family contact information

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

Hospital contact

Name				
Phone number				
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:

Appendix C - Parental Agreement for School to Administer Medicine

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

Administration of medication form

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

Medicine

Name of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions and instructions	
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.

Contact details

Name	
Telephone number	
Relationship to pupil	
Address	

I will personally deliver the medicine to	**Name and position of staff member**	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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.

Signature Date

Appendix D - Parental Agreement for School to Administer School Medicine

Consent to administer school held medicines/treatment

Our school retains non-prescription medicines and treatment for the relief of pain, insect bites/stings, and for sun protection.

Children will be encouraged to apply their own sunscreen, (or school sunscreen if they don't have their own) where possible.

School-held non-prescription medicines/treatments may be administered only where it would be detrimental to a child's health not to do so. Non-prescription medicines will not usually be administered for more than 2 consecutive days and a prescription would be required after this period. Schools will only provide one dose in a school day.

Medicines (paracetamol (including Calpol)/Piriton) will not be administered without additional verbal consent being obtained at the time to ensure adherence to dosage instructions to avoid overdose.

In the event of adverse side effects, these will be reported to parents/carers promptly.

Medicine/Treatment	Consent Granted – Yes/No
Sugar-Free Calpol (Primary only)	
Paracetamol – 500mg tablet (secondary only)	
Antihistamine – Piriton	
Bite and sting relief – Hydrocortisone - Age 10+ and appropriate bite/sting cream for under 10s.	
50+ water-resistant sun cream (if concerns regarding allergies – please check the brand used by the school)	

Parental/carer consent is required for the above medicines/treatments to be administered to all pupils under 16 years of age. By consenting and signing this document, parents/carers are stating that these treatments have been given to the pupil previously with no adverse side effects.
I consent to the above medicines/treatments being administered:

Name of pupil_____

Name of parent/carer_____

Signature of parent/carer_____
Date_____

Appendix E - 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				
Dose remaining				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Dose remaining				
Name of staff member				
Staff signature				

[Add more tables as necessary – School may choose to link a photo if required].

Appendix F - Record of All Medicine Administered to Pupils

Schools must log all medication administered to pupils. This can either be done using the template below, saving under the schools central log area – password protected, or using the school medical administration bound book, if the school has one. Please ensure records are kept in accordance with storage of records under the IRMS toolkit.

Please ensure verbal consent has been obtained before administering school held medicines (Paracetamol – including Calpol and Piriton)

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

Appendix G - Risk Assessment Template

School/Academy: Click or tap here to enter text.

Administering Medication Risk Assessment Template

Risk assessment carried out by:	**Job title:**	**Date of assessment:** Click or tap to enter a date.
	Review interval: Annual	**Date reviews carried out:** Click or tap to enter a date.

Pupil covered by this risk assessment:	**Activities involved:**
SENCO:	

This risk assessment should be read in conjunction with: Health and Safety Policy, First Aid Policy, Supporting Pupils with Medical Conditions Policy, Allergen and Anaphylaxis Policy, Allergen and Anaphylaxis Risk Assessment, Asthma Risk Assessment and Epilepsy Risk Assessment and Diabetes Risk Assessment

RISK RATING		Likelihood		
		Probable Occurs repeatedly, to be expected or could affect large number of people	Possible Could occur sometime or effect a few people	Remote Unlikely to occur or not many people to be affected
Impact	Major Major injury, permanent disability or ill-health	High	High	Medium
	Severe Injury requiring medical treatment	High	Medium	Low

	Minor First aid treatment	Medium	Low	Low

Hazard / Outcome List significant hazards which may result in serious harm or affect several people.	Risk Rating H/M/L Before	Controls Already in Place List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)	Yes	No	N/A	Further Actions Required List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more	Risk Rating H/M/L After	By Whom & When
Policies and Procedures	**M**	• **First Aid Policy in place for primary and secondary age ranges and shared with staff members via SharePoint.** • **Supporting Pupils with Medical Conditions Policy in place and associated templates shared with staff members via SharePoint.**	☐ ☐	☐ ☐	☐ ☐	• **Ensure that where new staff are employed, they receive suitable and sufficient training and read the First Aid Policy and the Supporting Pupils with Medication Policy.** • **Ensure that where Policies and Procedures are reviewed staff are made aware of the changes.**	**L**	**Headteacher-As required** **Headteacher-As required**
Communication	**H**	• When a pupil starts at the school medical information is requested by the main school office. • SENCO is made aware of any medical needs. • Parents/carers make the school aware of any medical needs that their child has. • **Where a pupil is transferring to the school, the school that the pupil is transitioning from makes the school aware of any medical needs that the pupil has and the controls currently in place.**	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	• **Parent/Carers ensure that the school are kept up to date with the pupils' medical needs, including changes to prescribed medication.** • **IHPs are reviewed where significant changes have occurred or at least annually with the parent/carer.**	**L**	**Parent/carers-As required** **SENCO-At least annually**

Hazard / Outcome List significant hazards which may result in serious harm or affect several people.	**Risk Rating H/M/L Before**	**Controls Already in Place** List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)	**Yes**	**No**	**N/A**	**Further Actions Required** List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more	**Risk Rating H/M/L After**	**By Whom & When**
		• **Where a pupil has a medical condition an Individual Health Care Plan (IHP) is put in place for pupils.** • **Parents/carers are requested on an annual basis to advise if their child has any medical needs/medical needs have changed**	☐ ☐	☐ ☐	☐ ☐			
IHP		• The school's Supporting Pupils with Medical Needs Policy covers the role of IHPs and who is responsible for their development. • IHPs clearly indicate what medication should be administered and by whom. • IHPs are created in collaboration with the pupil, their parents/carers and relevant healthcare professionals and provide clear information on the management and administration of medicines.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐			
Facilities	**M**	• Facilities identified within the school to administer medication. • Supply of hand sanitiser, gloves and aprons readily available within the identified area.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐		**L**	

Hazard / Outcome List significant hazards which may result in serious harm or affect several people.	Risk Rating H/M/L Before	Controls Already in Place List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)	Yes	No	N/A	Further Actions Required List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more	Risk Rating H/M/L After	By Whom & When
		• Facilities are included in the cleaning schedule for the school. • Cleaning products and wipes readily available for the area	☐	☐	☐			
Staff Training	**H**	• Identified staff undertake National College Certificate in Administering Medication • The school ensures that sufficient numbers of staff are trained in the administration of medication and that there is always a sufficient number of trained staff available on site to support pupils. • All responsible staff members undertake training on administering medication, including in emergency situations. • Staff are informed that they are under no obligation to administer medication and undertake relevant training and that this is a voluntary decision unless it is central to their role, e.g. the school nurse.	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	• **Where need identified a specialist nurse/practitioner provides training to staff to support pupils identified needs e.g. asthma, diabetes and anaphylaxis**	**L**	**SENCO-As required**

Hazard / Outcome **List significant hazards which may result in serious harm or affect several people.**	**Risk Rating H/M/L Before**	**Controls Already in Place** **List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)**	**Yes**	**No**	**N/A**	**Further Actions Required** **List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more**	**Risk Rating H/M/L After**	**By Whom & When**
		• Staff only administer medication if they are appropriately trained and feel comfortable and confident doing so. • Emergency services are contacted in situations where necessary, e.g. if lifesaving treatment is required. • Where necessary, responsible staff members receive training in the treatment of specific medical conditions and the procedures to follow in the event of the associated potential medical emergency. • Training is updated as required and at least annually. • **Staff members appointed as first aiders are trained in the use of CPR and defibrillators.**	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐			
Storage and disposal of Medication	**H**	• The school only accepts prescribed medicines that are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage. • Medication is securely stored. • Medicines are stored alongside the following records:	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	• **Where need identified, a Medical Fridge is purchased to hold medication that needs to be refrigerated.**	**L**	**SENCO-As required.**

Hazard / Outcome **List significant hazards which may result in serious harm or affect several people.**	**Risk Rating H/M/L Before**	**Controls Already in Place** **List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)**	**Yes**	**No**	**N/A**	**Further Actions Required** **List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more**	**Risk Rating H/M/L After**	**By Whom & When**
		- Parental Agreement - Record of Medicine Administered Record (MAR) - Information relating to each medicine including how to administer it and how frequently						
		• Medication is not administered if the records listed above are not present.	☐	☐	☐			
		• Medication is stored appropriately according to the instructions on the label, and in a secured location.	☐	☐	☐			
		• Pupil medications, e.g. inhalers, are kept with the pupil as per their Individual Health Care Plan (IHP)	☐	☐	☐			
		• Pupils, parents/carers and relevant staff members are aware of where the medication is at all times and are able to access it immediately.	☐	☐	☐			
		• Out-of-date medication and containers are returned to the pupil's parent/carers to be returned to the medical professional who prescribed them.	☐	☐	☐			
			☐	☐	☐			

Hazard / Outcome List significant hazards which may result in serious harm or affect several people.	Risk Rating H/M/L Before	Controls Already in Place List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)	Yes	No	N/A	Further Actions Required List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more	Risk Rating H/M/L After	By Whom & When
		• Needles and other sharps are disposed of safely. Clinical waste contract in place for the sharps bin. • The school only accepts prescribed medicines that are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage.	☐	☐	☐			
Medical Devices	**H**	• The IHP clearly identifies the devices that the pupil requires to manage their medical condition e.g. inhalers blood glucose testing machines. • Spare inhalers are located in the main reception area of the school and clearly labelled as such. • Spare EpiPens are held by the school in identified areas. Main Kitchen Food Technology Science Department Main Office • Defibrillators are located in identified areas around the school.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐		**L**	

Hazard / Outcome List significant hazards which may result in serious harm or affect several people.	Risk Rating H/M/L Before	Controls Already in Place List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)	Yes	No	N/A	Further Actions Required List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more	Risk Rating H/M/L After	By Whom & When
Administering Medication	**H**	• Where need identified Individual Health Care Plan (IHP) put in place for identified pupils. • The school is able to hold a supply of Calpol/Paracetamol for administration • Parent/carer consent is obtained for Calpol/paracetamol via a form sent out to all parents/carers of pupils that attend the school. • Pupils with medical conditions are identified and appropriate support identified via the IHP. • Supporting Pupils with Medical needs Policy followed at all times • Medicines are only administered at school where it would be detrimental to a child's health or attendance not to do so. • Pupils under 16 are **not** given medication containing aspirin unless evidence of the prescription is provided by a doctor. • Medication is never administered before checking the maximum	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	• **More than one member of staff has undertaken administering medication training to allow for sickness absence.** • **Ensure that the IHP is reviewed on at least an annual basis.**	**L**	**Headteacher-Immediate** **SENCO-At least annually**

Hazard / Outcome List significant hazards which may result in serious harm or affect several people.	Risk Rating H/M/L Before	Controls Already in Place List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)	Yes	No	N/A	Further Actions Required List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more	Risk Rating H/M/L After	By Whom & When
		dosages and when the previous dose was taken with parent/carers. • Pupils who are able to do so and detailed in the IHP are allowed to self-administer their medication; however, pupils advised that they must not share the medication with others. • Pupils who pass on medication to others are disciplined in line with the Behaviour Policy. • Prescribed medication is always administered in accordance with the prescriber's instructions. • Personal protective equipment (PPE) is made available to staff members administering medication- Gloves and aprons. • Identified facilities are available for staff members and pupils who are self-administering their own medication to wash their hands and clean any equipment before and after administering any medication. • Before administering medication, the responsible staff members check: - The pupil's identity.	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐			

Hazard / Outcome **List significant hazards which may result in serious harm or affect several people.**	**Risk Rating H/M/L Before**	**Controls Already in Place** **List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)**	**Yes**	**No**	**N/A**	**Further Actions Required** **List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more**	**Risk Rating H/M/L After**	**By Whom & When**
		- That the relevant records are present. - That the medication name, dosage and instructions for use match the details on the consent form. - That the name on the medication label is the name of the pupil being given the medication. - That the pupil has not already been given the medication within the accepted frequency of dosage. Where need identified parents/carers are contacted • Medication is not administered if the responsible staff member notices any concerns, e.g. side effects, and the pupil's parents/carers are notified without delay. • If a pupil is unable, or refuses, to take medication, this is noted on the MAR sheet and the pupil's parents/carers are notified without delay.	☐ ☐	☐ ☐	☐ ☐			

Hazard / Outcome List significant hazards which may result in serious harm or affect several people.	Risk Rating H/M/L Before	Controls Already in Place List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)	Yes	No	N/A	Further Actions Required List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more	Risk Rating H/M/L After	By Whom & When
		• Sharp bins are provided where need identified	☐	☐	☐			
Emergency Situations		• Arrangements are in place for dealing with emergencies and are communicated to all staff, pupils and parents/carers. • Pupils' IHPs clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. • Pupils are aware of what to do in general terms, e.g. informing a teacher where help is needed. • Where a pupil needs to go to hospital, a responsible staff member stays with them until their parent/carer arrives or accompanies them in the ambulance where necessary. • The school understands the local emergency services cover arrangements and ensures that the correct information is provided for navigation systems.	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	•		

Hazard / Outcome List significant hazards which may result in serious harm or affect several people.	Risk Rating H/M/L Before	Controls Already in Place List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)	Yes	No	N/A	Further Actions Required List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more	Risk Rating H/M/L After	By Whom & When
Educational Visit	**H**	• **All Educational Visits are logged on Evolve.** • **Individual pupil needs are shared with identified staff.** • **Where need identified pupil individual risk assessments put in place.** • **Individual pupil needs are considered when completing the educational visits risk assessment.** • Where need is identified the venue are contacted regarding facilities available to meet the pupils needs. • Medication held by identified staff during the educational visit.	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐		**L**	
PPE	**H**	• **Gloves and aprons are readily available for staff use.** • **Staff wash their hands before and after providing support to pupils e.g. diabetes.**	☐ ☐	☐ ☐	☐ ☐		**L**	
Contaminated clothing	**H**	• Contaminated clothing is removed immediately and placed in a plastic bag away from play areas and communal spaces. • **Bags of children's contaminated clothing are handed to their**	☐ ☐	☐ ☐	☐ ☐	• **Ensure that the school holds spare clothing for pupils.**	**L**	**Head teacher- As required**

Hazard / Outcome List significant hazards which may result in serious harm or affect several people.	Risk Rating H/M/L Before	Controls Already in Place List of existing controls or note where the information may be found (e.g. information, instruction, training, systems or procedures)	Yes	No	N/A	Further Actions Required List the hazards which are not adequately controlled and proposed action where it is reasonably practicable to do more	Risk Rating H/M/L After	By Whom & When
		parents/carers at the end of the day.						

Date of review	Name	Signature
Click or tap to enter a date.		
Click or tap to enter a date.		
Click or tap to enter a date.		

Safeguarding Responsibilities

1. **School Staff:**
    a. **Regularly review and adjust the part-time timetable to align with the pupil's needs.**
    b. **Monitor attendance and engagement to ensure any concerns are promptly identified and addressed.**
    c. **Record all communications with the pupil, parents/guardians, and external agencies.**
2. **Parents/Guardians:**
    a. **Provide appropriate supervision during out-of-school hours and communicate any concerns to the school/academy.**
    b. **Ensure the pupil has access to a safe environment and resources needed for learning outside school.**
3. **External Agencies:**
    a. **Collaborate with children's services or other safeguarding organisations if a pupil is considered particularly vulnerable.**
    b. **Provided additional support or intervention when necessary (e.g. family support workers, youth workers).**
4. **Pupil:**
    a. **Participate actively in the agreed timetable and communicate with staff if additional support is needed.**

Monitoring and Review

Risk Monitoring: Safeguarding staff should conduct fortnightly or monthly reviews of the pupil's situation, depending on risk levels.

Reassessment: The timetable and safeguarding plan should be reassessed if new risks are identified, or if the pupil's needs change.

Feedback: Involve pupils and parents in reviewing the arrangements to ensure it meets their needs while maintaining safety.

Appendix H - 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:

Suggested review date:

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: **school phone number**.
- Your name.
- Your location as follows: **full address of school**.
- The postcode: **school postcode**.
- The exact location of the individual within the school.
- 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.