

The Green Flying High Academy



Supporting pupils with medical conditions Policy

Approved by:	Governors	Date: September 2023
Last reviewed on:	September 2023	
Next review due by:	September 2024	

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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 governing board will implement this policy by:

Making sure sufficient staff are suitably trained

Making staff aware of pupil's condition, where appropriate

Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions

Providing supply teachers with appropriate information about the policy and relevant pupils

Developing and monitoring individual healthcare plans (IHPs)

Legislation and statutory requirements

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's statutory guidance: [Supporting pupils at school with medical conditions](#).

Roles and responsibilities

The Governing Body

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The Head Teacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Parents

The responsibility for ensuring that children with medication needs receive the correct treatment rests ultimately with their parents/guardians, or with a young person capable of self-administering his or her own medication. Carefully designed prescribing can sometimes reduce the need for medicine to be taken during school hours. To help avoid unnecessary taking of medicines at school, parents should:

- Be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime
- Ask for a duplicate prescription to be kept in school
- Ask the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School Nurses and other healthcare professionals

Our 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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

Equal opportunities

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

The school 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 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.

Children with medical conditions

When the school is notified that a pupil has a medical condition, the process outlined below 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.

See Appendix 1.

Children with short term medical needs

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

Children with long term medical needs

It is important that we hold sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school.

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- The Special Educational Needs and Disability Code of Practice (last updated 1st May 2015) advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered.
Some specified medical conditions such as HIV, multiple sclerosis and cancer are all considered as disabilities, regardless of their effect.
- Where someone is being helped to get on with day-to-day activities by taking medication, or because they are having some other treatment, they are still to be treated as having a disability.

We need to know about any such needs before a child is admitted or when s/he first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. New admission information relating to children with medical needs, or new information relating to an existing pupil with a medical condition must be reported immediately to the SENCO. This includes information regarding a pupil returning to school after an extended period away due to the symptoms of their condition, or treatment for it. We do not have to wait for a formal diagnosis before providing support to pupils where available evidence and parent consultation supports this outcome.

Specialised help for children requiring medical interventions or procedures

Some children need their parents and school staff to carry out medical interventions or procedures for which specific training is required. Staff will be identified to provide this support and will be trained to carry out any such interventions or procedures in the same manner as the child's parents. Written parental consent must be received for school staff to be able to provide this support and details should be included in the child's individual healthcare plan.

Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to name of individual/role.

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 not a 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 statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or 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. The governing board and the headteacher/name of individual/role 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

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- 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

Receipt, storage and disposal of 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' written consent using the school's medication form (See Appendix 2)

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

The school will only accept medicines that are:

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

Children under 16 must not be given medicine containing aspirin unless prescribed by a doctor.

Prescribed medicines

We can only accept medicines that have been prescribed by a doctor, dentist, or qualified non-medical prescriber (nurse, pharmacist, podiatrist, optometrist and physiotherapist). Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions and patient information leaflet (PIL) for administration. We cannot accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. Any changes to dosages must be authorised in writing by a medical practitioner or responsible prescriber. Each time there is a variation in the pattern of dosage, a new medication form must be completed.

Where a child is prescribed adrenaline using an autoinjector (e.g. EpiPen or Jext), two pens must be provided to the school.

Non-prescribed medicines

Non-prescription medicines are those which can readily be bought "over-the-counter" and children may take them to school or services for conditions such as hay-fever or ear ache. Non-prescribed medicine can usually be administered outside of school and our general rule is that school staff will not administer them. Any exceptions to this would have to be agreed by a member of the Senior Leadership Team on a case-by-case basis. If approval is given, non-prescription medicines must also be accompanied by a medication form.

Only sufficient non-prescription medication for the duration of a single school day will be allowed, e.g. Calpol in 5ml sachets. Medication must be in the original container which clearly states the medicine, maximum dose and dose frequency.

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Receipt of medicines

Staff will ensure a medication form is completed by the parent/carer to provide a record of the medicines they have received and what they will be required to administer.

Where the child is attending school or a short break activity (e.g., school residential trip), parents should only send the amount of medicine required.

Where a child will be cared for overnight or longer, a proper record of medicines received is required:

- tablets should be counted (for hygiene reasons staff should wear medical gloves where possible);
- ointments/creams should be estimated (for example, half a tube);
- liquids should be measured with a ruler (for example, 5cm).

Controlled drugs are subject to additional requirements.

Labelling of medicines

On occasions when medicines are brought into school, the original container, complete with the original dispensing label should be used.

The label should clearly state:

- name of pupil
- date of dispensing
- dose and dose frequency (This may read “as directed” or “as before” if this is what is on the prescription)
- the maximum permissible daily dose
- cautionary advice/special storage instructions
- name of medicine
- expiry date – where applicable. For ointments/lotions this is usually 28 days from the date when it was opened, 3 months if a pump dispenser

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

The information on the label should be checked to ensure it is the same as on the completed medication form. **Where the information on the label is unclear, such as “as directed” or “as before”, it is vital that clear instructions are given on the medication form.** If the matter is still not clear, then the medicine must not be administered and the parents should be asked for clarification.

Safe storage of medicines

Large volumes of medicines should not be stored. Medicine should be stored in a secure cupboard, strictly in accordance with product instructions (most medicines should be stored below 25° Celcius, with some being refrigerated).

Some medicines and devices need to be readily available to the child they are prescribed for, e.g. blood glucose testing meters, inhalers or adrenaline pens, but should not be accessible by other children in school. Arrangements are made with each class teacher regarding access to emergency medicine for children in their care. Children will be told where their own medicines are stored and who can access them.

Adrenaline pens will be stored with the child, in the child’s classroom, with the second pen stored centrally in the school office to allow quicker access during dining periods.

At The Green, a child’s asthma inhaler is considered low enough risk of harm to others to be allowed to be stored in their classroom. This allows easy access for that child during the whole school day, ensures all staff would know where to find the medication.

Any life-saving medication (including asthma inhalers and adrenaline pens) will be taken with the child when they are leaving the classroom area including for PE. The child’s second adrenaline pen will be stored centrally in the school office. An emergency salbutamol inhaler has been purchased by the school and will be stored centrally in the school office.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine (pain relief) or methylphenidate (ADHD).

A child who has been prescribed a controlled drug may legally have it in their possession to bring to school. Once in school, the controlled drugs will be securely stored within a secure cupboard in the school office to which only named staff have access. The receipt, administration and disposal of controlled drugs will be recorded in a Controlled Drugs Register, as per Code of Practice 9 of 'The administration of Medicines and Associated Complex Health Procedures for Children - Advice & Guidance for Children's Services in Derbyshire'.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Any trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff should be made aware of whether the medicine is a controlled drug by the parent/carer but can be identified by the letters 'CD' on the packaging. Staff administering medicine should do so in accordance with the prescriber's instructions and these guidelines.

The administration of controlled drugs requires 2 people. One should administer the drug, the other witness the administration. **On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the person(s) administering the drugs.**

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label). Misuse of a controlled drug, such as passing it to another child for use is an offence.

Disposal of medicines

Medicines which have passed their expiry date must not be used and should be returned to parents/guardians for disposal. Parents should be advised that the medicines are out of date and should be asked to collect them. Parents should also be advised that out of date medicines can be returned to the pharmacy for safe disposal. Out of date medicines should not be sent home with pupils.

Provision for safe disposal of used needles will require appropriate special measures, e.g. a "sharps box", to avoid the possibility of injury to others. The "sharps box" will be kept secure with no access for pupils or unauthorised persons and disposed of using a specialist licensed contractor.

Employee medicines

An employee may need to bring their medicine into school. All staff have a responsibility to ensure that their medicines are kept securely and that children will not have access to them. Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil. Staff medicines must not be stored in a cabinet intended for the use of children's medicines.

Administration of medicines

Medicine will only be administered by school staff if needed 4 times a day, or at a specific time of day, e.g. lunchtime. 3 times a day can be managed before and after school (breakfast, after school and before bedtime)

Self-administration of medicine by pupils

Some of our older junior pupils may have the capability to keep and administer their own medicine. In all instances where prescribed and non-prescribed medicines are brought into school, the school must be notified on the medicine form. The safe storage of medicines section of this policy will also apply in this instance.

Where possible, we will support and encourage our older children who are able to take responsibility to manage their own medicines. Children develop at different rates and so the ability to take responsibility for their own medicines varies. An assessment will be made for older children with a long-term illness regarding their ability to assume this responsibility. There may be circumstances where it is not appropriate for a child of any age to selfmanage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If a child is to carry their own medicine then the 'Request for child to carry their own medicine form' (Appendix 3) must be completed.

Administration of medicines by staff

All medicines that are to be administered in school must be accompanied by written instructions from the parent (Appendix 2) and for prescribed medicine, the medical practitioner.

All staff who participate in administering medication must receive appropriate information and training for specified treatments.

In order to give a medicine safely, staff need to be able to:

- identify the medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or dispensing GP;
- identify the child/young person correctly;
- know what the medicine is intended to do, for example, to help the person breathe more easily; • know whether there are any special precautions, for example, give the medicine with food.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school/service.

Written records must be kept each time medicines are given.

The administration of controlled drugs requires 2 people. One should administer the drug, the other witness the administration and both need to sign and countersign the medication form.

At The Green, 2-person administration must be carried for all medicines administered in any of our schools, not just controlled drugs.

Staff **must never** give:

- medicine to a child that does not belong to him or her - schools should not keep stocks of non-prescription medicines to give to children unless this has been exceptionally agreed with the parent/carer by the Head Teacher;
- medicine that belongs to another child or adult;
- a child under 16 Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

Staff **should not** undertake the following unless they have satisfactorily completed additional training:

- rectal administration, e.g. suppositories, Diazepam (for epileptic seizure);
- injectable drugs such as Insulin;
- administration through a Percutaneous Endoscopic Gastrostomy (PEG);
- giving Oxygen.

The CPD Lead will keep a record of all relevant and approved training received by staff.

Key responsibilities of staff Staff

must always check:

- the child's name;
- the prescribed dose;
- the expiry date;
- the written instructions provided by the prescriber on the label or container;
- the individual healthcare plan where one exists;
- whether or not it is a controlled drug;

- any requirements for refrigerated storage;
- on completed medication form that a dosage is due;
- with any other colleague who could have given the medication to prevent double dosing.

Refusal to take medicines

Staff can only administer medicines with the consent of the child. Any specific instructions to assist the administration of a medicine should be recorded in the child's individual treatment plan as should any instructions in the event of refusal.

If a child refuses to take a medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures.

Where there is no instruction in the child's individual healthcare plan, staff should report this refusal to the Head Teacher.

Parents should be informed the same day of any refusal.

If refusal results in an emergency then the emergency procedures should be followed.

Action to take in the event of a medicine error

If there is an error in medicine administration our staff will:

- Stop administering the medication and observe the child.
- Inform the Head Teacher.
- Inform parents and the person who prescribed the medication.
- Depending on the severity they will contact an ambulance/consultant/GP/pharmacist/NHS Direct (111).
- Inform FHP Central Team via the 'Record of Incident/Emergency Report Form', following The Green's Emergency Plan.

The Head Teacher will identify and record any training needs for the member of staff before they continue to administer medication and any changes to procedures that are in place to avoid further errors.

Unacceptable practices

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
- Ignore medical evidence or opinion (although this may be challenged)
- 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
- 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 in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent 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 to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Children with complex health needs

As technology and health care develops, growing numbers of children with complex health needs will receive their education in mainstream schools. This group of children and young people may require additional support in order to:

- maintain optimal health during the day;
- access the curriculum to the maximum extent.

Examples of care of health needs for which children might require additional support in school include:

- Restricted mobility – e.g. a child with physical impairments who uses a wheelchair.
- Difficulty in breathing – e.g. a child with a tracheostomy who requires regular airway suctioning during the day.
- Problems with eating and drinking – e.g. a child who requires a gastrostomy feed at lunch time.
- Continence problems – e.g. a child who requires assistance with bladder emptying and needs catheterisation at each break time or to follow a toileting plan to aid continence of bladder and bowels.
- Susceptibility to infection – e.g. a child who is receiving steroid therapy.

This list is provided for illustrative purposes only and is not comprehensive.

In supporting children with complex needs in schools and Early Years settings there are a number of clinical procedures which education staff may be trained to undertake. In the main such training is undertaken by Children's Community Nurses, Specialist Nurses or School Community Nurses. A detailed Individual Healthcare Plan should be completed for such children and reviewed at regular intervals.

Some children with complex physical needs will require a range of specialist equipment to enable them to sit, stand and walk. This equipment should be assessed for by a trained health professional; (Children's Occupational Therapist, Local Authority Moving and Handling Adviser, Physiotherapist or Community Nurse) and the appropriate Local Authority Moving and Handling Advisor or School Link Worker in accordance with the Derbyshire Inter Agency Group (DIAG) guidance document. The equipment should be adjusted to suit an individual child. On the rare occasion when one piece of equipment is used for more than one child, the health professional should supply written instructions, (or manufacturer's instructions), on altering the equipment.

Children may also require a Moving and Handling Plan, completed by school staff or a moving and handling advisor and a Therapeutic Variance Form attached to a Moving and Handling Plan, (completed by the therapist). In order to promote physical well-being and optimise a child's learning and integration opportunities, specialised equipment should be an integral part of a child's day rather than seen as 'therapy'.

Some children with complex communication needs may require assessment for a communication aid or other relevant specialist equipment. The Speech and Language therapy Service should be involved in assessment procedures for communications aids. Advice is available from the Speech and Language Therapist when a child is a communication aid user.

Illness or injury at school

When a child becomes ill whilst at school, the school office will use the home/mobile/work telephone numbers provided by parents/carers and use any other instructions, e.g. other emergency contacts who are available during the school day, to contact an authorised adult to collect the child. If parents and relatives are not available when a pupil becomes seriously unwell or injured, the school will, if necessary, call an ambulance to transport the child to hospital. Staff should never take children to hospital in their own car; it is safer to call an ambulance.

If the pupil is on medication, whether self-administered, under supervision or administered by staff, details will be provided to the emergency service, e.g. a copy of the medication form, and the medicine itself will be given to emergency personnel.

Emergency procedures

Where children have conditions which may require rapid intervention, parents must notify the Head Teacher of the condition, symptoms and appropriate action following onset – advice may need to be sought on an appropriate response. They should also share any individual treatment plan for their child. A risk management plan will be created for such situations that cover all possible circumstances when the child is attending school, including offsite activities. Planning will take into account access to a telephone in an emergency in order to summon medical assistance or an ambulance.

The Head Teacher will make all staff aware of any child whose medical condition may require emergency aid and staff will be advised:

- which children have individual treatment plans;
- possible emergency conditions that might arise, how to recognise the onset of the condition and take appropriate action ie. summon the trained person, call for ambulance if necessary etc. and the emergency instructions contained within them;
- who is responsible for carrying out emergency procedures in the event of need;
- how to call the emergency services;
- what information from the individual treatment plan needs to be disclosed.

Other children in that child's class will be told what to do in the event of an emergency, such as telling a member of staff.

When a child needs to go to hospital, staff should not take children to hospital in their own car - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Training and practical advice on the recognition of the symptoms will be sought from medical support services such as the school nurse where required.

Where an activity is planned where there is a known risk – however unlikely – that a child might need emergency health care, the risk assessment/individual treatment plan will address what should happen – exceptionally this may include a staff member using his or her own vehicle. All such arrangements must be agreed and recorded in the child's individual treatment plan and be referred to Nick Layfield at the Trust for insurance approval before they are carried out.

Educational Visits and Sporting Activities

Pupils with medical conditions will be actively supported to participate in school trips and visits. A child's class teacher and the trip organiser will review how a child's medical condition will impact on their participation. After consultation with relevant parties, such as the child's parents or medical advice from the school health service of the child's GP, they will make reasonable adjustments in their planning, e.g., organising inclusive activities, site access for wheelchair users, an additional trained 'helper' to support the child's needs on the day, to enable their participation. An individual risk assessment will also be carried out specific to that child.

Arrangements for taking any necessary medicines will be made and staff supervising the trip will be aware of any medical needs, and relevant emergency procedures. A copy of a child's individual healthcare plan will also be taken on visits in the event of the information being needed in an emergency. Two staff administration for medicines will be the same as in school.

Most children with medical conditions can participate in physical activities and extracurricular sport and leisure. There should be sufficient flexibility for all children 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

child's ability to participate in PE should be recorded in their individual healthcare plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

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/name of role. 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 deal 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 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. Parents will be informed if their pupil has been unwell at school.

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

Liability and indemnity

Flying High Trust fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training, and are following the school's/Trust's guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means the Trust's insurers and not the employee will meet the cost of damages should a claim for alleged negligence be successful.

Staff must adhere to the following at all times:

- Information contained within any Individual Healthcare Plan.
- Have received any required training and have a copy of the competency sign-off from the qualified trainer.
- The information contained within the Parental Consent Form (with correct parental consent received)

Complaints

Parents with a complaint about their child's medical condition should discuss these directly with their child's class teacher in the first instance, or a member of the senior leadership team where appropriate. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

Links with other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding and child protection
- Special educational needs information report and policy