



Castle School

Supporting Pupils with Medical Conditions Policy

Policy Preface

Northumberland Church of England Academy Trust is a Christian learning environment at the heart of its communities. We promote care and respect, and expect high standards in all aspects of our Trust life.

As a Church of England Academy Trust, we aim to build communities clearly based on the Christian values of love, forgiveness and reconciliation, integrity and the unique value of each individual. We aim to build self-esteem, model conflict resolution, protect the weak and are committed to justice and compassion. Mutual respect and trust are central within the Academy Trust.

This policy, and its associated procedures and protocols, is based on these key principles.

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Statement of intent

The Local Governing Body of Castle School 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.

Castle School believes it is important that parents 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 considered to be 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.

All pupils in Castle School with medical conditions also have SEND and have an EHC plan collating their health, social and SEND provision. 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.

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The 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

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to the following school policies:

- Complaints Procedures Policy
- Attendance and Punctuality Policy (including Pupils with Additional Health Needs)

Roles and responsibilities

1.4. The Local Governing Body is 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 as any other pupil at the school.
- 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 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.

1.5. The Principal holds overall responsibility for implementation of this policy.

1.6. The Principal is responsible for:

- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that 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 special school nurse where a pupil with a medical condition requires support that has not yet been identified.

1.7. Parents/carers are 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.
- 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.

Parents/carers, where possible, should administer medication to the child. Where this is not practicable they should arrange with the school for the administration of medication by school staff, as per policy.

Children and young persons who are unwell should not attend school.

1.8. Pupils are responsible for:

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

1.9. School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.

- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether 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.

1.10. The school nurse is 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.

1.11. Clinical commissioning groups (CCGs) are 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.

1.12. 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.

1.13. 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.

1.14. The LA is 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.

2. Admissions

- 2.1. 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.

3. Notification procedure

- 3.1. When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the Principal. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an Individual Healthcare Plan (outlined in detail in section 7).
- 3.2. 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 Principal based on all available evidence (including medical evidence and consultation with parents).
- 3.3. 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 institution.
- 3.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place on the basis of special school nurse advice.

4. Staff training and support

- 4.1. Any staff member providing support to a pupil with medical conditions will receive suitable training.
- 4.2. Staff will not undertake healthcare procedures or administer medication without appropriate training.

- 4.3. Training needs will be assessed by the school nurse through the development and review of IHPs, annually or as and when necessary for all school staff, and when a new staff member arrives.
- 4.4. 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.
- 4.5. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.
- 4.6. A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.
- 4.7. Whole-school awareness training will be carried out on an annual basis for all staff at the end of the summer term in preparation for the next year and included in the induction of new staff members or as and when necessary
- 4.8. The school nurse 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.
- 4.9. Training will be commissioned by the school and by the following bodies:
 - Commercial training provider
 - The school nurse
 - GP consultant
 - Parents of pupils with medical conditions
- 4.10. Parents/carers 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.

5. Self-management

- 5.1. 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.
- 5.2. Where possible, pupils will be allowed to carry their own medicines and relevant devices.
- 5.3. 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.

- 5.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.
- 5.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken.

6. Supply teachers

- 6.1. 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.

7. Individual Healthcare Plans (IHPs)

- 7.1. The school, healthcare professionals and parents/carers 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 Principal will make the final decision.
- 7.2. The school, parents/carers 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.
- 7.3. 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 Principal for medicine to be administered by school staff.

- 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.
- 7.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.
- 7.5. IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.
- 7.6. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 7.7. Where a pupil has an EHC plan, the IHP will be linked to it or become part of it.
- 7.8. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.
- 7.9. 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.

8. Managing and Administering medication

- 8.1. Medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 8.2. Only medication that has been prescribed by a G.P. or a Consultant and dispensed via a pharmacy will be administered in school with the parents' written consent.
- 8.3. Medication forms are sent out to all parents/carers on school entry and then annually unless parents/carers inform us of any changes. The school nurses will oversee the administration of this
- 8.4. Enteral feeds and feed additives such as thickener are prescribed items. Their administration will be confirmed with the dietitian or other prescribing professional, for example speech and language therapist.
- 8.5. 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
- 8.6. No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

- 8.7. Pain relief medicines will not be administered without first checking with the parents/carers when the previous dose was taken and the maximum dosage allowed.
- 8.8. Parents/carers will be informed any time medication is administered that is not agreed in an IHP.
- 8.9. 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.
- 8.10. All medicines will be stored safely in a locked cabinet in the medical room with the exception of emergency medication which will be in a locked medical cabinet in the relevant classroom
- 8.11. When medicines are no longer required, they will be disposed of in a safe manner.
- 8.12. Sharps boxes will be used for the disposal of needles and other sharps.
- 8.13. Controlled drugs will be stored in a locked medical cabinet in the medical room and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered.
- 8.14. The school will hold asthma inhalers for emergency use. The inhalers will be stored in a locked medical cabinet in the relevant classroom and their use will be recorded.
- 8.15. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.
- 8.16. Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.
- 8.17. Parents/carers are responsible for notifying the school immediately in writing of any subsequent changes in medicines or if medication is discontinued. This can be done using a medication regime form. Where long term medication has been discontinued, confirmation from G.P. / Consultant may be required.
- 8.18. Where it is felt to be necessary the school reserves the right to ask parents/carers to supply a doctor's note or allow verbal contact with healthcare professionals, in order to support/ confirm the information given on the medication regime form and or the medication authorisation form. Until clarification has been received, the medication will not be administered. Parents/carers will be informed of this.

- 8.19. If, for any reason, the Parental/Carer Authorisation form and the details on the pharmacy label of the medication do not agree then medication will not be given. Parents/carers will be informed of this.
- 8.20. It is parents/carers responsibility to supply in date medication to school.
- 8.21. The School Health Team will carry out regular stock checks to ensure medication kept in school is in date and will contact parents/carers to request new supply, when necessary.
- 8.22. School staff participate in the administration of medication on a voluntary school basis. However, the medical needs of the child need to be taken into account, as per Department for Education document: Supporting pupils at school with medical conditions. Training and support will be provided for staff to enable them to safely administer medication. A register of staff trained to administer medication will be kept in school.
- 8.23. It is advisable that parents/carers inform teaching staff if their child has required any medication such as paracetamol/Calpol prior to coming into school by telephone or in the home/school diary. The teaching staff are then aware if the child has had a temperature/cold or are able to inform the school health team or other medical professionals should the need arise for an emergency care.
- 8.24. Medication given on an as needed basis (PRN) will only be given once it has been established that it has not been previously given, within the dosage restriction (for example when there is a minimum time between doses, e.g. paracetamol must have 4 hours between doses)
- 8.25. Medications that are prescribed on a once daily (O.D.) or twice daily (B.D.) basis, will not be given in school unless there is a medical need, which must be supported by a letter from the prescribing medical practitioner.
- 8.26. If a pupil requires medication on a short term basis, such as antibiotics, doses will only be given during school hours, if required on a three times daily (TDS) or four times daily (QDS) basis. Parents/carers will be expected to give the remaining dosage at home.
- 8.27. If a pupil is administered incorrect medication or dosage a member of the Senior Leadership Team and a School Nurse must be informed, immediately. Medical advice and possible further action must be obtained from a school nurse. Parents/carers must be informed via telephone call, as soon as is practicable.

Safe Administration of Medication

Wherever possible, medication will be administered by the school nurse following health guidelines

School staff who have undergone training may administer medication which must be checked by 2 members of staff. 1 person to administer medication and 1 to act as checker/witness.

When a pupil is out of school on educational visits school staff are permitted to administer medication only if they have undergone the required training and have been signed off as competent. A second member of school staff, needs to be present as a witness and second signatory.

The person administering the medication must:

Check the identity of the child before administration of medication

Check the care plan for the child, ensure there are no contra indications such as allergies to medication.

Ensure dose has not already been given (via administration sheet).

Ensure the pharmacy label agrees with parental authorisation form.

Ensure medication is in date.

School staff should refuse to give medication if it is not in a pharmacy labelled container with the following information:

Name and strength of medication

Amount to be administered

Name of patient

Time to be administered

Staff administering medication should ensure it is returned to original storage for security and pupil safety.

Out of date medication will not be administered.

School staff will not force a pupil to take medication. If for any reason the administration of medication is not possible, parents/carers will be informed as soon as is practicable.

Protocol for Safe Transportation of Medication between home and school

Medication should always be provided in the original container, as dispensed by a pharmacist and include the name of the child and the prescriber's instructions for dosage and administration.

Medicines should clearly show the expiry date.

School will not accept medication that have been taken out of the container, nor make changes to dosages on parent/carer instruction.

Wherever possible, the medication should be brought into school by a parent/carer and handed directly to a member of staff or the school nurse.

If medication is sent into school via transport, it must:

Be transported in a locked bag.

The bag (suggest insulated lunch bag) must be secured with a combination padlock.

The combination of the lock should not be shared with transport staff.

The bag should be clearly labelled, with child's name and indicate that it holds medication.

The bag containing the medication must be handed by the parent/carer to the transport escort.

Medication must not be placed in a child's bag.

The parent/carer must ensure that they have written in the diary when medication has been sent in with information about the type of medication and amount.

On arrival to school, the escort must hand the locked medication bag to a member of school staff who will hand it to school nurse or a named member of staff. They will assume responsibility for opening, checking, and storing medication

Once medication has been checked and stored safely, the bag will be returned home.

Adrenaline auto-injectors (AAIs)

- 8.28. The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy.

- 8.29. A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 8.30. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 8.31. For pupils in Castle School who have prescribed AAI devices, these will be stored in locked medical cabinets in the relevant classroom, therefore immediately accessible.
- 8.32. Designated staff members within the class team will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 8.33. In the event of anaphylaxis, a designated staff member will be contacted immediately
- 8.34. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 8.35. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.
- 8.36. 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.
- 8.37. 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.
- 8.38. 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.
- 8.39. 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
- 8.40. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 8.41. In the event of a school trip, staff supervising the child at risk of anaphylaxis will have the AAI with them.

- 8.42. In Castle school the school nurse has access to a source of adrenalin which can be used in an emergency in accordance with health authority guidelines

9. Record keeping

- 9.1. Written records will be kept of all medicines administered to pupils.
- 9.2. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.
- 9.3. Individual MAR charts will be completed every time medication is administered. MAR charts will be located in the medical room

10. Emergency procedures

- 10.1. Medical emergencies will be dealt with under the school's emergency procedures.
- 10.2. Where an IHP is in place, it should detail:
- What constitutes an emergency.
 - What to do in an emergency.
- 10.3. Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.
- 10.4. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents/carers arrive.
- 10.5. 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.

EMERGENCY MEDICATION

Pupils that need emergency medication should have a health management plan in place. A Health Management Plan must include details of the emergency protocol and details of any emergency medication prescribed. The Health Management Plan needs to be completed by a member of the School Health Team, in conjunction with the parents/carers and other health professionals and agencies involved in the pupil's care.

SCHOOL EPILEPSY POLICY INCORPORATING ADMINISTRATION OF BUCCAL MIDAZOLAM

On entry to school, parents/carers of those children diagnosed with epilepsy should make the school aware, in order to complete a Health Management Plan with emergency procedure for Epilepsy.

This emergency procedure should state when to give emergency medication as well as the dose and include any aftercare.

These instructions should be reviewed annually or when changes in care or medication occur.

If a pupil is prescribed emergency medication and it is not available in school the pupil will be unable to attend, until school has an appropriate stock.

If Buccal Midazolam has been prescribed, an emergency epilepsy plan, drawn up by the epilepsy nurse/school nurse will be completed and held in the child's Emergency Plan file.

Until this is received the pupil may not be able to attend school, as there will not be an emergency protocol in place.

The appropriate school staff are trained in the emergency treatment of seizures and administration of emergency medication. Following on from this training they will receive annual updates. The school keeps a record of staff who are competent and authorised to administer emergency medication.

Parents/carers have a responsibility to inform the school of any anti-epileptic medication their child is taking even if the medication is not given in school time. This is so that the school has a record of each child in case of an emergency and should be included in the Medication Regime Form.

If a child has a seizure, first aid measures need to be taken to maintain the child's airway and protect their head. If the seizure is prolonged and Buccal Midazolam is not prescribed, an ambulance needs to be called as an emergency and parents/carers should be informed promptly.

If a child is not known to have epilepsy and has a prolonged generalised seizure again, an ambulance needs to be called and parents/carers contacted.

If at any time classroom staff are concerned that a pupil may be having a seizure or an absence or a series of absences, this needs to be recorded with date and time of absence/seizure, length and description, on a seizure chart. This can then be passed to the school nurse who can liaise with parents/carers and/or the consultant paediatrician

ADMINISTRATION OF BUCCAL MIDAZOLAM

It is the parent's/carer's responsibility to ensure that an adequate stock level of emergency medication is kept within school. However, School Health staff will carry out regular stock checks to ensure that there is the required medication in school, and will contact parents/carers to request new supply, when necessary.

It is the parent's/carer's responsibility to inform the school of any changes regarding their child's dose and of changes in administration of emergency medication. This will need to be confirmed by the G.P./Consultant and the Health Management Plan and Emergency Procedure updated before it can be actioned at school.

Parents/carers should inform school in the home/school book if emergency medication has been given prior to a pupil coming into school that day with the time and dose given.

In the event of a child requiring emergency medication, the staff member administering will adhere to the emergency epilepsy plan. The procedure needs to be witnessed by another staff member. Ensure the pupil's privacy and dignity whilst administering emergency medication whilst acting promptly

When the pupils are off site, normal procedures apply so far as is reasonably practicable

Pupils in Castle school who require emergency medication for epilepsy have an epilepsy plan which is reviewed and updated yearly or if there has been any significant changes

11. Day trips, residential visits and sporting activities

- 11.1. Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.
- 11.2. 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.
- 11.3. 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.

12. Unacceptable practice

- 12.1. 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/carers.
 - 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 alone or with an unsuitable escort.

- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers 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.

13. Liability and indemnity

13.1. The Trust and all of its schools are members of the DfE's Risk Protection Arrangement covering liabilities arising from supporting children with medical conditions'.

- All staff must have undertaken appropriate training.

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

13.3. 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.

14. Complaints

14.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

14.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.

14.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

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

15. Home-to-school transport

15.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.

- 15.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

16. Monitoring and review

- 16.1. This policy is reviewed on an annual basis by the governing body, school nurse and Principal.
- 16.2. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

