

Supporting Learners with Medical Conditions Policy

Monitoring Responsibility	Chief Education Officer
Next Review Date	August 2026
Approval Body	Curriculum and Standards Committee
Date Ratified	2 July 2025
Chair of Committee Signature	

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1. Purpose

Voyage Education Partnership recognises the importance of supporting our learners who have medical conditions, as poor management and understanding of these, often life-long, conditions can have a detrimental effect on their education and, more importantly their long-term health.

On September 1, 2014, a new duty came into force for governing bodies and academies to make arrangements to support learners in schools with medical conditions.

The Trust Board is committed to ensuring that all learners with medical conditions can access and enjoy the same opportunities at any of the Trust's academies as any other learner, and to ensuring that they are able to play a full and active role in academy life, remain healthy and achieve their academic potential.

The Trust Board will also ensure that the academies implement and maintain effective management systems for the administration of medicines to all learners in their care, in order to provide support to individual learners with medical needs.

2. The Law and National Frameworks.

This document relates and refers directly to the following statutory documents:

- Supporting Learners at School with Medical Conditions (DFE: Dec 2015)
- The Equality Act (Gov:2010)
- The Code of Practice for Special Educational Needs (DFE: Jan 2015)
- The Children and Families Act (Gov: 2014)
- Education Act (Gov: 2002)
- The Children Act (Gov: 1989)
- The Children Act (Gov: 2004)
- The NHS Act (DfH:2006)
- The Health and Safety at Work Act (Gov:1974)
- Misuse of Drugs Act (Gov:1971)
- The Medicines Act (Gov:1968)
- School Premises Regulations (Gov:2012)
- Education Act (DFE:1996)

This policy should be read in conjunction with:

- Special Needs and Disability Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Special Educational Needs Information Report
- Accessibility Plan
- First Aid Policy
- Equality and Diversity Policy
- Intimate Care Policy

3. Definitions.

3.1 Definition of a Medical Condition

- A medical condition is any condition or difficulty which a medical professional has identified (although a diagnosis is not needed).
- It is better to assume there is a condition rather than doubt it until confirmation has been received.
- Not all medical conditions require medication as some will be managed using physical resources or adaptations to teaching or the environment.
- It is the legal duty of the academy to make reasonable adjustments for a learner with a disability.

3.2 Definition of Disability (Taken from the Equality Act 2010)

A person has a disability if:

- (a) They have a physical or mental impairment and
- (b) The impairment has a substantial and long-term (12 months or more) adverse effect on their ability to carry out normal day-to-day activities

Therefore, the following conditions are considered to be examples of disabilities protected by law under the Equality Act (2010)

- Dyslexia
- Autism
- Cancer
- Visual Impairment
- Multiple Sclerosis
- HIV
- Severe long-term disfigurement- facial scarring or skin disease
- Asthma
- ADHD

This list is not exhaustive but provides a broad range of examples protected by the act.

Some learners who have a medical condition have a disability and vice versa but this is not always the case. Not all learners who have a disability will require all of the support offered under the medical conditions policy.

Not all learners who have a disability have a Special Educational Need.

4. Responsibilities

4.1 Trust Board

The Trust Board must:

- Ensure that the Trust-wide policy for Supporting Medical Conditions is implemented and reviewed annually

4.2 Executive Team

The Executive Team will:

- Ensure the Headteachers/Executive Headteachers for each academy have been fulfilling its duty with regards to the policy
- Ensure that an appropriate level of liability cover is in place; including where specialist procedures are required.
- Ensure that all academies have due regard for the legislation on which the policy is based.
- Maintain an oversight of complaints and ensure the correct procedures are followed in those instances.

4.3 Headteachers

Headteachers are responsible for:

- ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and support materials required to assist learners with medical conditions
- ensuring that sufficient numbers of trained staff are available to support learners' medical needs at all times whilst they are under the care of the Trust, including making contingency plans for staff absence and emergency situations
- ensuring that information regarding an individual learner's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need-to-know basis
- ensuring that, where required, risk assessments consider any additional hazards posed to individual learners as result of their medical conditions
- the overall development and monitoring of Individual Healthcare Plans (IHP) at their particular academy
- accurate and compliant Record Keeping in line with the relevant section of this policy
- Taking steps to source appropriate education for learners able to access full time education in the academy due to their medical condition.

Where a headteacher delegates the responsibility for the implementation of the policy to another member of staff, the headteacher must ensure that they take reasonable steps to be assured of the correct implementation.

4.4 SENCO/ Designated Person for Medical Conditions

- Ensures records are kept of all learners with medical conditions, regardless of the need for an individual healthcare plan.

- Liaises with appropriate staff members with regards to making arrangements for reintegration following extended periods of absence due to a medical condition
- Collects and collates all medical information; ensuring its storage in line with data protection regulations
- Creates Individual Health Care Plans with parents/carers where a learner has a specific condition or where medication is being administered (both during and outside of academy hours)
- Ensures IHPs are uploaded to the MIS and that all staff members are made aware of the specific needs as they arise
- Reviews IHPs at least annually or when the needs of the medical conditions change
- Ensures that medication administered by academy staff is logged correctly
- Ensures that medication is stored correctly, including controlled medications prescribed for conditions such as ADHD or depression
- Ensures that medication stored in the academy has not reached its expiry date
- Report concerns about a learner's medical condition to the parents/ carers
- Ensures medication is accessible to those who need to administer it, and where appropriate the learner
- Ensures that new staff have received appropriate training or are not placed in a position which would call for them to support a medical condition for which they have not been trained
- Ensures all members of staff read the policy, at least annually. And where new staff are employed make sure they also read policy.

4.5 Academy Staff

- Provide support for learners with medical conditions where they feel comfortable and trained to do so. This could include administering medications.
- Attend appropriate training to ensure they understand the full implications and methods involved in administering medications and supporting learners with medical conditions.
- Ensure they are fully conversant with the Medical Conditions Policy and the procedures contained within.
- Ensure they are aware of the learners with individual healthcare plans and what to do in an emergency situation.
- Ensure they are aware of their professional responsibilities with regard to the Medical Conditions Policy and the statutory frameworks on which the policy is based.
- Ensure that they complete appropriate risk assessments for trips and residential visits which take into account the medical needs of all learners
- Ensure that all appropriate medication is provided when learners go on trips and residential visits
- Ensure that appropriate medication, such as inhalers, adrenaline auto injectors and diabetic kits are located within an appropriate distance of the child. (No more than 2 minutes away)
- Ensure learners are not denied access to their medication at any point during the school day. This includes during examinations, where appropriate arrangements must be in place for the learner to access their medication during this time.
- Ensure that learners are not treated unfavourably because of their medication.
- Support learners to understand their medical conditions, where needed.
- Provide support for learners with medical conditions, where their social, emotional or mental health is being affected.
- Monitor learners with medical conditions and immediately report any concerns to parents/carers and the person responsible for monitoring the Individual Healthcare Plans

- Encourage learners to self-administer the medication, where this is appropriate for age, aptitude or ability of the learner.
- Provide supervision for the administration of medications, where this has been identified and agreed as part of the IHP.

5. Liaising with Parents and Carers

Voyage Education Partnership promotes on-going communication with parents/carers in order to ensure that the specific medical needs of all learners are known and met.

Parents/carers must inform the individual academies if their child has or develops a medical condition and, where appropriate, provide the academy with appropriate medical evidence and/or advice relating to their child's medical condition.

Where appropriate, parents/carers will be invited to consult with the academy concerned and relevant healthcare professionals in order to produce an IHP for their child.

Parents/carers should inform the academy concerned where their child will require either prescription or non prescription medication to be taken at the academy and parents/carers are responsible for the supply of this medication to the academy

It is also the responsibility of parents/carers to notify the academy if there is a change in medication, a change in dosage requirements, or the discontinuation of a learner's need for medication.

The Trust requests that medication is only administered at its academies when it is essential and where it would be detrimental to the learner's health not to administer the medication during the academy day. Where possible, medicines should be taken at home, before and after attending school.

Trust staff will not administer any medication to a learner without obtaining prior, written permission from parents. The consent form in the Appendix will be used.

6. Individual Health Care Plans

Voyage Education Partnership requires its academies to focus on the needs of each individual learner and how their medical condition impacts on their academy life, their ability to learn and will take steps to help increase learners' confidence and ability to self-care.

Where identified as being necessary, Individual Healthcare Plans (IHP) will be developed by the academy and relevant healthcare professionals and parents, so that the steps needed to help a learner manage their condition and overcome any potential barriers to their education.

Where a learner presents with Asthma, which is controlled by the usual medication e.g. a brown (preventer) inhaler and a blue (reliever) inhaler, the academy can utilise the generic Asthma Healthcare Plan (in the

Appendix), but the setting will need to obtain a signature from parents on the generic plan to ensure they are fully aware of the school's procedures of managing learners who have Asthma. If the nature of the asthma is severe, then an IHP must be completed.

IHPs will be uploaded to the MIS and all staff members are to be made aware of the specific needs as they arise.

As appropriate, the IHP will include:

- the learner's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency.
- any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
- specific support for the learner's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
- who will provide this support, their training needs, expectations of their role and, where required, confirmation of proficiency to provide support from a healthcare professional
- cover arrangements and who in the academy needs to be aware of the learner's condition and the support required including supply staff
- arrangements or procedures for academy trips or other academy activities outside the normal timetable; completion of risk assessments for visits and academy activities outside the normal timetable
- the designated individuals to be entrusted with the above information
- procedures in the event of the learner refusing to take medicine or carry out a necessary procedure
- a template IHP is set out in the appendix

Where appropriate, the IHP should be linked with a learner's Education Health and Care Plan (EHC) and/or where there is an ongoing CP issue.

The IHP must be signed by parents/ carers to evidence their approval.

The IHP will be reviewed at least annually or more frequently if a learner's needs change.

7. Training

Academies will ensure that there are members of staff who are appropriately trained to manage medicine as part of their duties. Any staff responsible for the administration of medicine will have access to learners' IHPs and will be briefed as to its contents.

Where required, if the administration of medication involves technical, medical or other specialist knowledge, appropriate training tailored to the individual learner will be provided to identified staff by a qualified health professional.

Staff must not undertake health care procedures without appropriate training.

Specific protocols to deal with individual learners' medical conditions such as anaphylaxis, epilepsy and diabetes will be detailed in the IHP.

All staff will undertake generic anaphylaxis, diabetes, epilepsy and asthma training on a 2-yearly basis. This is in addition to any specific training undertaken for individual learners.

8. Medication

8.1 The Administration of Medication

Any parent/carer requesting the administration of medication, during the school day, will be signposted to this policy.

Prescribed medication will be accepted and administered in Trust academies in agreement with parents/carers. It is also the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a learner's need for medication.

Non-prescription medication will only be accepted and administered when a young person has regular allergies, headaches, menstrual pain or toothache or on residential visits where it may not be practicable to have medication prescribed. Learners will never be given medicine containing aspirin unless it is prescribed by a doctor. Parents must provide their written consent for this to happen.

Headteachers will have the final say as to whether medication will be administered or not.

Only reasonable quantities of medication will be accepted. Each item of medication should be delivered in its original dispensed container. Each item of medication should be clearly labelled with the following information:

- Learner's name
- Name of medication
- Dosage and frequency of dosage
- Date of dispensing (prescription only)
- Storage requirements (if important)
- Expiry date (if available)

The academy will not accept items of medication which are in unlabelled containers or not in their original container. Staff administering medicines will record and sign each time a medicine is administered. Written records of all medication administered to every learner will be held by each academy in a secure location and may be made available to parents on request.

If a learner refuses their medication, staff will record this, report to parents as soon as possible and follow the protocol laid down in the IHP.

8.2 Specific Emergency Arrangements for Asthma

It is for individual academies to decide whether to hold an emergency inhaler and spacer for the emergency treatment of an asthma attack (for those learners with an existing diagnosis)

Where academies do hold an emergency inhaler, the following arrangements must be in place:

Identified staff in each academy will be responsible for ensuring the following:

- Establishing arrangements for the safe and secure storage, care and disposal of the emergency inhaler
- Instructing all staff on how to check the learner medical register
- Instructing all staff on the symptoms of an asthma attack
- Instructing all staff on how to access and use the emergency inhaler
- Making all staff aware of who are the designated staff and how to access their help
- Keeping records of administration of the emergency inhaler.

Identified staff will ensure that there has been written consent gained from parents/carers for the administration of the emergency inhaler and spacer. The emergency inhaler/spacer will only be available for learners who have been prescribed a reliever inhaler AND for whom parental consent has been given. Where necessary, this information will be recorded in the learner's IHP plan.

This duty will be balanced against the duty of staff to act 'in loco parentis' and act as the reasonable and prudent parent would in any emergency situation.

Identified staff will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

8.3 Specific Emergency Arrangements for Anaphylaxis

It is for individuals to make the decision as to whether they will hold an emergency adrenaline autoinjector for the treatment of an anaphylaxis attack (where a learner has a pre-existing diagnosis of anaphylaxis and normally has an autoinjector available)

In such circumstances, the following arrangements will be in place:

Identified staff in each academy will be responsible for ensuring the following:

- Establishing arrangements for the safe and secure storage, care and disposal of the auto-injector
- Instructing all staff on how to check the learner medical register
- Instructing all staff on the symptoms of anaphylaxis
- Instructing all staff on how to access and use the auto-injector
- Making all staff aware of who are the designated staff and how to access their help
- Summoning the Emergency Services following the use of the auto-injector
- Keeping records of administration of the auto-injector.

Identified staff will ensure that there has been written consent from parents for the administration of the AAI. The AAI will only be available for learners who have been diagnosed with anaphylaxis and have been prescribed an AAI AND for whom parental consent has been given. This information shall be recorded in the learner's IHP plan.

Identified staff will be responsible for ensuring parents are informed in writing when the AAI has been used.

8.4 Self-Medication

Where appropriate, the Trust recognises that learners should be allowed to carry their own medicines and relevant devices (such as inhalers) or should be able to access their medicines for self-medication quickly and easily. However, learners must not be allowed to carry controlled substances- with the exception of anti convulsants.

Following consultation between the academy, parents/carers and the learner, a learner will be permitted to store and carry their own medication if they are sufficiently competent to do so. This will be reflected in a learner's IHP. Academies will also consider the safety of other learners and medical advice from the prescriber in respect of the learner in reaching this decision.

It is essential that learners with asthma, diabetes and anaphylaxis have immediate access to their medication whenever they need it. Medicines such as asthma inhalers, adrenalin or insulin pens and blood testing meters should be readily available to the learner and will not be locked away. If the learner is too young or immature to take personal responsibility for their medication, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the learner's name. IHPs will clarify these details.

Learners will be made aware the medication is strictly for their own personal use and it should not be passed to any other learners under any circumstances.

8.5 Storage of medication

Medicines will be securely stored in accordance with individual product instructions.

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

In the case of medication that is not required in an emergency, a secure location will be identified for each academy where medication is stored. Where required, the facility to refrigerate certain medicines such as antibiotics will be provided.

Parents should collect all medicines belonging to their child at the end of each academic year and are responsible for ensuring that any date-expired medication is collected from their academy and replaced as necessary. Date expired medication or uncollected medicines will be disposed of by the academy at the end of each year.

8.6 Controlled substances

There will be occasions where staff may have to administer or supervise learners administering medications which are classed as controlled substances. (Drugs Act 1968)

Examples of these are:

- Methylphenidate- used for ADHD
- Opioids- for pain relief during cancer treatment or arthritis
- Anti-depressants
- Buccolam/ Medazolam- used to stop seizure activity

With the exception of Buccolam and Medazolam (and other associated anti convulsants), all controlled substances **MUST** be stored in a locked, non-portable cabinet.

These medications must only be administered by identified members of staff or, in their absence, a member of the senior leadership team.

No other person should have access to these medications at any time.

On visits and trips, the medication must be kept under the supervision of the group leader or other identified responsible adult. Also, it must remain in its original packaging with the pharmacy label clearly visible. In the event of a school visit overseas, it will be necessary to have a letter from the learner's doctor to confirm the medication.

It is the group leader's responsibility that every care is taken that these medications are always kept securely. This may mean, in the instance of a residential visit, that the group leader has to keep them with them at all times.

The learner's IHP and administration log should also be kept alongside the medication.

A record **must** kept of the amount of any controlled drugs held in school and a log kept of when these are removed.

8.7 Buccolam and Medazolam

As Buccolam and Medazolam are anti-convulsant medications among other which are used to stop seizure activity in children. These types of medication must be stored in a location that is within 2 minutes of the learner.

They must be stored out of reach of children.

They should be stored in a container along with the learner's IHP and a thermal blanket (in cases where rectal administration is necessary).

Where academies are unsure of how to store a medication, they should seek advice.

8.8 Paracetamol

In primary academies, paracetamol will only be administered in exceptional circumstances (where required in an IHP) and if provided by the parents in the original packaging. Academy staff will store the paracetamol in the school office and inform parents if this has been administered.

In secondary settings, the academy may maintain a small supply of paracetamol to be administered to students, should they require it for issues such as menstrual pain, headaches or toothache. However, parents are encouraged to provide their own supply.

The academy will only administer the paracetamol provided parental consent has been gained (verbal or written).

Staff will check whether they have had sufficient time between doses.

Staff **MUST** inform parents that it has been administered and at what time.

The academy must maintain a log of paracetamol administration.

Paracetamol must not be administered for first aid purposes.

9. Off-site Visits and Sporting Events

Voyage Education Partnership actively encourages all learners with medical conditions to access and enjoy the same opportunities at its academies as any other learner, which includes ensuring that they are able to take an active role in academy trips and sporting activities, unless it is specifically prohibited by a medical professional involved in a learner's care (such as their GP).

IHPs will address the needs of off-site visits and academy sport.

If a learner attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.

All learners requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled as described in paragraph 6.6 above.

Secure storage for medicines will be made available at all short-term accommodation used by academies.

10. Transitions to other settings

When the academy is preparing for a learner to move from one setting to another, e.g. primary to secondary school, the academy will inform the next provider of the medical condition and share the details of any training and/or procedures which need to be in place, particularly for transition days.

The IHP will request parents/ carers approval for information sharing.

11. Reduced Timetables

In line with the attendance policy, reduced timetables are utilised for a variety of reasons, including:

- Returning to school following a prolonged period of absence due to a medical need
- Extreme tiredness following an illness or a medical condition a learner is currently experiencing
- Adverse effects of medication a learner is being prescribed

Reduced timetables are only to be used when agreed with the parents.

They must be reviewed at least every 4 weeks.

They must be logged in line with local authority requirements by the administrator for the academy.

The person requesting a reduced timetable **must** complete a reduced timetable form and ensure it is logged accordingly

12. Accessing Alternative Medical Provision

12.1 Alternative Medical Provision

Where a learner has a medical condition, which prevents them from accessing the academy completely or where accessing the academy environment could pose a threat to the learner's health, the academy can make a request to the local authority for support from The Pilgrim School or other hospital school.

Hospital schools can provide dual registration for a learner with a long-term medical need, which will enable them to access some form of education for the duration of their needs. This can take several forms including home tuition or access to the Hospital School sites, situated around the local authority.

When a learner begins their placement at the alternative provision, it is essential that the person with responsibility for medical conditions makes themselves known to the Hospital School and provides contact details to ensure the lines of communication remain open.

The academy, supported by attendance staff, will ensure that they have an accurate record of the learner's attendance status during every day of their placement.

12.2 Reintegration from Alternative Medical Provision

Where learners have been accessing alternative medical provision, the person responsible for medical conditions within the school, will make contact with the alternative provision at least **every 3 weeks**. This contact should be logged and notes made to ensure the academy is kept updated on the current situation.

When a learner is ready to return to school, following a period of absence longer than 6 weeks, it is essential that a reintegration meeting is held to ensure that all Individual Healthcare Plans are up-to-date and adaptations can be arranged to support the reintegration.

The aim is to ensure the learner accesses some form of education and it must be considered at this meeting whether a full-time return to school is supportive of a learner recovering from a medical condition.

13. Emergency Procedures

All IHPs state what constitutes an emergency situation and details the procedures to follow in the event of an emergency.

All staff **must** be made aware of what constitutes an emergency situation and the procedures to follow.

Learners must be made aware of what to do if they think there is an emergency, such as contacting a member of staff.

If a learner needs to be taken to hospital, staff should stay with the learner until the parent arrives, or accompany a learner to hospital by ambulance. Staff should ensure that medical professionals are made aware of the learner's medical conditions and any medication they are taking.

14. Unacceptable Practice

Although academy staff should use their discretion and judge each case on its merits, it is not acceptable to:

- Require parents to administer certain medications to their child to manage their behaviour e.g. Ritalin for ADHD, as this is a parental choice issue protected by law.
- Prevent learners from easily accessing their inhalers and medication and administering medication when and where necessary.
- Assume that every learner with the same condition requires the same treatment
- Ignore the views of the learner or their parents; or ignore medical evidence or opinion.
- Send learners with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal academy activities, including lunch, unless this is specified on their individual healthcare plan.
- If the learner becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.

- Penalise learners for their attendance record if their absences are related to their medical condition e.g. medical appointments
- Prevent learners from drinking, eating or taking toilet 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 child, including with toileting issues. No parent should have to give up working because the academy is failing to support their child's medical needs; or
- Prevent learners from participating, or create unnecessary barriers to learners participating in any aspect of academy life, including school trips, e.g. by requiring parents to accompany their child.

15. Liability

All schools within the MAT are covered by the Department for Education's Risk Protection Arrangement (RPA)

16. Complaints

Should parents/ carers or learners be dissatisfied with the support provided they should discuss their concerns directly with the academy.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the Trust Policy. Making a formal complain to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at a resolution have been exhausted.

Parents should visit the academy website or speak to the academy directly if they wish to have a copy of the complaints policy.

17. Appendices

17.1 Appendix 1



Individual Health Care Plan

(Type Only)

(To be used for all medical conditions unless an alternative is provided by a medical professional)

Date:

Child's Name:		Date of Birth:	
Year Group:		Form	
Medical Condition:			
Allergies:			
Emergency Contact Information			
Name of first Contact:		Telephone numbers:	
Name of second contact:		Telephone numbers:	
Additional contact:		Telephone numbers:	

	Name	Contact details
GP		
Other relevant medical professionals		
Person with responsibility for implementing the plan		
Headteacher		

Regular Medication (to include those administered in and out of school)

Medical Condition	Drug	Controlled substance?	Dose	When	How is it administered? (oral, inj, rec etc)	Where is it stored?	Known Side effects

Routine Monitoring (if applicable)

Is the child responsible for administering/ carrying their own medication? (Not controlled substances)	
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What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target?	
If so what is it?	

Emergency Situations (if applicable)

What is considered an emergency situation?	
Who is trained to manage an emergency situation?	
(Names of Staff)	
What are the symptoms?	
What are the triggers (if known)?	
What actions must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

Impact on Learning

How does the medical condition affect learning?	
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Educational, Social and Emotional Needs

Is the learner likely to need time off because of their medical condition?	
Does the learner require any additional support in lessons? If so, what?	
Is there a situation where the learner may need to leave the classroom?	
Does the learner require rest periods?	
Does the learner require any emotional support?	
Does the learner require any support between lessons? Eg carrying bags etc.	
Are there any food implications?	

Staff Training (to be completed by the academy)

Is there any staff training required?	
Who needs to be trained?	
Has the training been completed? If so sign and date.	
When does this training need to be updated?	

Additional Information

Please ensure the bottom of this is signed by the parent and ensure they are happy for staff to administer medication.

Please also make it clear that this plan will be shared with staff to safeguard their child, and in the event of an emergency situation, with medical professionals also.

	Name	Signature	Date
Young Person- if appropriate			
Parents/ Carer			
Healthcare professional- if appropriate			
Person with responsibility in school			

If the learner is having a controlled substance administered during academy hours, a separate form must be completed.

This Individual Health Care Plan must be accessible at all times, including off-site visits, for all relevant staff.

Have you:

- ✓ **Uploaded onto MIS?**
- ✓ **Informed staff of the plan**
- ✓ **Updated the MIS?**
- ✓ **Informed all staff of the plan and where it can be accessed?**
- ✓ **Logged the child on the spreadsheet for medical conditions, including the date of review?**

Placed a copy of the plan within easy access of any medication the child requires?



Medication Administration Record-Not Controlled Substances

To be used in conjunction with the child's Individual Healthcare Plan where applicable

PLEASE ENSURE THIS ACCOMPANIES THE CHILD'S MEDICATION AT ALL TIMES

Name of child					
Date of Birth		Year		Form	
Name of medication	Expiry Date			Location	

Date	Time	Dose	Signature and name	Comments	Parent/carers signature (Nursery/ Reception Only)

--	--	--	--	--	--

TO BE KEPT WITH THE MEDICATION AT ALL TIMES- INCLUDING OFF SITE

[illegible]



Medication Administration Record-CONTROLLED SUBSTANCES

To be used in conjunction with the child's Individual Healthcare Plan

PLEASE ENSURE THIS ACCOMPANIES THE CHILD'S MEDICATION AT ALL TIMES

A NEW RECORD MUST BE COMPLETED EACH TIME THE SCHOOL RECEIVES MORE MEDICATION

Name of child					
Date of Birth		Year		Form	
Name of medication	Quantity Received	Expiry Date	Location		
			LOCKED		
			LOCKED		

ONLY THE NAMED MEMBERS OF STAFF ARE PERMITTED TO ADMINISTER THE MEDICATION

IN THEIR ABSENCE, AN APPROPRIATE MEMBER OF SLT MAY ADMINISTER

Name of Staff Member	Location

Date	Time	Dose	Signature and name	Comments	Quantity remaining

IN THE EVENT OF AN OFF-SITE VISIT, PLEASE ENSURE THIS RECORD IS TAKEN ALONGSIDE THE MEDICATION

7.5 Appendix 5



Alternative Medical Provision Log

Name Of Learner:			Year:	
Placement Commencement date:		Date of review: (6 weeks)		
Referred by:		Designation:		
Reason for Alternative Provision:				
Alternative provider:				
Provider contact:				

This log must be completed every 3 weeks

Date	Name of person making contact	Person Liaised with	Comments: (Reintegration, work, general health)

Please ensure this information is fed back to relevant staff. If reintegration is a possibility, please ensure that a meeting is arranged prior to start date.

7.6 Appendix 6



Removal of Controlled Substances from School Building- Log

IT IS ESSENTIAL THAT THIS LOG IS COMPLETED EVERY TIME A CONTROLLED SUBSTANCE IS REMOVED FROM ACADEMY PREMISES

Date	Learner Name	Year	Name of Drug	Quantity remaining	Reason	Signed Out	Sign In

7.7 Appendix 7

TRAINING REQUIREMENTS

Medical Condition	Number to be Trained	Training Provided by
Asthma	All staff	Every
Diabetes	Any staff working directly with child. Enough coverage throughout academy day for emergency situations. All staff to complete basic online diabetes awareness training	Diabetic Nurse Diabetic Nurse Every
Epilepsy	Primary- All staff who are working with the child Secondary-Enough coverage throughout academy day for emergency situations. All staff complete epilepsy awareness training	CYPSN CYPSN Every
Children with Stoma/ ACE	At all levels at least 2 members of staff	Specialist Nurses

Epi-pen/ Anapen	At all levels enough staff to cover emergency situations throughout the academy day All staff must receive basic anaphylaxis training	Every
Child requiring catheterisation	At all levels at least 3 members of staff must be trained	Specialist Nurse
Hoisting (Moving and Handling)	At all levels at least 3 members of staff	St Francis School, Lincoln/ Boston Endeavour Academy
PEG Feeding	At least 3 members of staff	CYPSN
Injection training	At least 3 members of staff	CYPSN

This is just a small sample of the medical conditions and procedures staff could encounter in schools. For any other training needs, seek advice from the appropriate body.