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SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

September 2026

DOCUMENT CONTROL

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Version	8	
Status	Approved	
Publication Date	October 2026	
Review Date	September 2027	
Approved/Ratified by:	Local Governing Body	Date: October 2026
Distribution: Morton Academy staff PLEASE NOTE, this version of the document contained within the Policy Folder on Teams in the Policy Folder is the only version that is maintained. Any printed copies should therefore be viewed as "uncontrolled" and as such, may not necessarily contain the latest updates and amendments.		

Version	Date	Comments	Author
2	05.09.16	Amended to reflect updates in DFE documentation, introduction of inhalers and Salbutamol in school.	A Buck / F Cruickshank
3	27.02.18	Amended to include statutory information about Defibrillator machines. Amended to reflect change in Principal post Easter.	A Buck / F Cruickshank
4	20.02.20	Change in organisation. Rebecca Miller is responsible for medical plans. School nurses and health care professionals	R Miller
5	04.11.21	Amendments in: Statement of intent Organisation Arrangements/ Procedure Attendance/ reintegration Training	R Miller
6	13.09.24	Reviewed, no changes.	R Miller
7	13.10.25	Reviewed, change in medical plans section about when a medical plan will be issued.	R Miller
8	10.07.26	Reviewed, no changes.	R Miller

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DEFINITIONS

For the purposes of this document a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

STATEMENT OF INTENT

This policy is in line with our equal opportunities statement and aims to support inclusion for all of our pupils. The policy covers all statutory elements and focuses on maintaining the highest expectations for all pupils and bringing out the 'best from everyone'.

The number of pupils attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school, can take part in the normal school activities. However, some children with long term, complex or individualised medical needs will need to have them carefully planned and monitored by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

This policy is based on the statutory Department for Education (DfE) guidance document *'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'*, April 2014 to coincide with the application of section 100 of the Children and Families Act 2014 which comes into force on 1 September 2014. Section 100 places a statutory duty on governing bodies to make arrangements to support pupils at school with medical conditions. It will be reviewed regularly and made readily accessible to parents, staff and, where appropriate, other adults working or volunteering in school.

The governors of Morton Academy believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).

We understand that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at school to help them manage their condition and keep them well. This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school by putting in place suitable arrangements and procedures to manage their needs. We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their school life, be it on a long or short term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

The Academy also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have a Statement of Special Educational Needs, or an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document Special Educational Needs and Disability: Code of Practice 0-25 Years, July 2014.

ORGANISATION

In order to ensure effective support and provision, the following staff will carry out dedicated roles in order to support Academy students:

SENDCo – Rebecca Miller, to oversee and coordinate long term provision for students. To coordinate day to day provision for students and to coordinate with external agencies and medical professionals to ensure we are meeting the needs of the student within the Academy. To meet/ communicate with parents about student's medical needs, create medical plans and share with staff.

Caroline McDonnell- To create the medical plans, discuss these with parents, students, health professionals and then share with staff.

Attendance Officer – to liaise with parents about appointments and attendance.

Heads of Year and KS3/KS4 Pastoral Workers – to offer pastoral support as appropriate for students and coordinate with the inclusion coaches to ensure students' needs are met.

The Governing Body

The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that **no** pupil's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy;
- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;

- Staff who provide such support are able to access information and other teaching support materials as needed.
- Funding arrangements support proper implementation of this policy e.g. for staff training, resources etc.

The Head Teacher

The Head teacher of the Academy, Richard McGuire, has a responsibility to ensure that this policy is implemented effectively within the Academy.

To achieve this, the head teacher will have overall responsibility for the development medical plans and will make certain that school arrangements include ensuring that:

- all staff are aware of this policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.;
- where a child needs one, a medical plan is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- sufficient trained numbers of staff are available to implement the policy and deliver against all medical plans, including in contingency and emergency situations;
- staff are appropriately insured and are aware that they are insured to support pupils in this way;
- appropriate health professionals i.e. the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the Local Authority (LA), alternative education providers e.g. hospital tuition, parents etc., aims to ensure a good education for them;
- Risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still take into account the needs of pupils with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Rebecca Miller has a specific responsibility for the development of medical plans which are explained in Section 4.3.

School Nurses and Other Healthcare Professionals

This Academy works with transitioning primary schools in communicating any student's medical needs. Wherever possible, they should do this before the child starts at school and our arrangements for liaison support this process. It is also the parent's responsibility to share and communicate information with the Academy so that the necessary care is set up for the student in school.

We also work with health care professionals who are responsible for notifying the school when a child has been identified as having a medical condition which will require support, such as diabetes. They are available to support staff on implementing a child's medical plan and provide advice and liaison, for example on training.

The Academy will continue to work closely with healthcare professionals from hospitals and agencies outside of Cumbria to ensure tailored care and provision is to the highest standard for our students with life threatening / limiting illnesses.

Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their medical plan.

It is also recognised that the sensitive involvement of other pupils in the school may be required not only to support the pupil with the medical condition, but to break down societal myths and barriers and to develop inclusivity.

Parents

Parents are key partners in the success of this Policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's medical plan.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

ARRANGEMENTS/PROCEDURES

Procedure for the Notification that a Pupil has a Medical Condition

While it is understood that school does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion, judgements will still need to be made about the support to provide and they will require basis in the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence is conflicting, it is for school to present some degree of challenge in the interests of the child concerned, in order to get the right support put in place.

- All notifications will be recorded in the first instance by the person receiving the notification. This record should be made on ARBOR, it should include who made and received the notification, date, time and details of any conversation. If notification is received by writing, the letter should also be scanned on as an additional document to the log.
- The person receiving notification should immediately inform the SENDCo or HOY who will inform and coordinate an initial meeting / assessment with the child, parent, appropriate external agencies and the medical coordinator. This meeting / assessment will identify what needs the child has, identify evidence of need or evidence required and identify actions for all parties involved moving forward. In this initial assessment, one of the inclusion coaches will be identified as being a case holder and main point of contact / lead professional in the school for all matters and needs moving forward.
- Where appropriate a medical plan will be set up using the Academy proforma which meets the requirements set out by the DFE.

- Where required, the Academy will ensure appropriate and alternative provision which may take place in the child's home, at an alternative educational establishment such as HHTs or coordinate with hospitals if a child has a prolonged stay and requires education elsewhere.

School Attendance and Re-integration

The Academy and LA must have regard to the DfE statutory guidance, 'Ensuring a good education for children who cannot attend school because of health needs', January 2013 and this school undertakes to liaise with the LA to ensure that everyone is working in the best interests of children who may be affected. Where a pupil would not receive a suitable education at this school because of their health needs, the LA has a duty to make other arrangements, in particular when it becomes clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year).

The Academy recognises the need for appropriate and supportive reintegration back to school following periods of extended absence due to illness; as such we will aim to:

- Ensure notification to the LA when appropriate if a child is expected to miss 15 or more days due to illness, the Academy attendance officer will inform the LA Inclusion Officer, Isobel Graham of long term absence due to illness.
- The Academy where appropriate, may offer a range of options for students unable to attend school to stay in touch, these might include: email, newsletters, invitations to school events, catch up drop in visits.
- The Academy will endeavour to support the child's education and learning when not at school, options might include: work provided to do at home, a referral to the Home and Hospital Tuition service (HHTS) if supported by a health professional, access to drop in 1:1 sessions on school premises.
- The Academy will work closely with all invested parties and agencies to ensure tailored support to meet the individual needs of the child. All reasonable adjustments will be made and the Academy will endeavour to seek and follow advice from the school nurse and all involved health professionals, including accessing offers of training and support from specialist hospitals.
- The Academy recognises the need to ensure emotional support for students reintegrating into the Academy and will ensure a key worker is available and in place to support the child as and when required.

Individual Healthcare Plans – medical plans

A medical plan is a working document that will help ensure that this school can effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assesses and manage identified risks to their education, health and social well-being and minimises disruption.

A medical plan will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, relevant healthcare professional and parent will need to agree, based on evidence, when a medical plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher is considered best placed to and will take the final view. Our flow chart for identifying and agreeing the support a child needs and developing an IHCP is at Appendix A.

The level of detail within a medical plan will depend on the complexity of the child's condition and the degree of support they need and this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an EHC Plan, their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the medical plan will be linked to or become part of that EHC Plan.

In general, a medical plan will cover:

- 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 e.g. need for privacy, 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 etc.;
- 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 etc.;
- The level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition;
- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. If a child has an emergency health care plan prepared by their lead Clinician it will be used to inform development of their medical plan.

Medical plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. These will be for conditions which could constitute in a medical emergency. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Academy.

A medical plan will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review may also trigger a re-check of school insurance arrangements especially where a new medical procedure is required. Students who have a medical condition but do not require a medical plan is noted on ARBOR.

Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their medical plan.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the medical plan too. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the medical plan as well as inform parents. This is an occurrence that may trigger a review of the medical plan.

Training

The Head teacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the policy and deliver against all medical plan, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in medical plan. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or review of medical plan. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice, but will not be the sole trainer.

A relevant healthcare professional, will normally lead on identifying and agreeing with school, the type and level of training required, and how training can be obtained usually through the development of medical plans. Healthcare professionals (including the school nurse) can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medication and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which school undertakes to update to reflect any medical plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, but some training could be very simple and delivered by an appropriate person in school – for example basic training covering school procedures for administering a non-emergency prescribed oral medicine.

In effect there are 3 distinct levels of training required:

1. Whole school awareness so that all staff are aware of the Academy's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. This would usually be delivered in-house because it is about Academy policy and procedures. This area is likely to be carried out by the Inclusion Director or coaches, with, where appropriate the school nurse.
2. General competence to administer non-complex oral medicines. This would usually be delivered in-house as well because it is about school procedures that must be followed. In

the event that medicines are to be administered, the Academy would seek to ensure that only Inclusion coaches carry this out unless there is an emergency.

3. Specific competence to manage a specified condition and/or administer complex or non-oral medicines and/or carry out medical procedures – delivered by an appropriate healthcare professional. Where health care professionals deem it appropriate and safe to do so the SENDCo or other trained staff may administer medicine or carry out medical procedures following appropriate training specific to this need. This training will be updated regularly to ensure knowledge and skills remain up to date. The Academy will also request monitoring by the school nurse or appropriate medical professional to ensure our competence in this area.

When administering medicine or carrying out medical procedures:

- Maintain an awareness of safeguarding concerns such as FII, in the event of any concerns around safeguarding of any kind, the member of staff must record concerns on the Academy referral proforma and pass this immediately to the Academy DSO.
- Ensure hygiene requirements are met e.g. washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again, storage facilities are well maintained and clean.
- pre-administration checks, the staff member should ensure they have the correct record sheet and check the medicine has not already been administered, ensure / verify the child's identity, ensure that only that child's medicine is being administered – check the name on the prescription (including that the dosage, frequency etc. on any medical plan matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e. if it should be refrigerated that it was in the fridge) etc.;
- Procedures for administration, when a child self-administers they should inform the SENDCo or a trained TA/ Pastoral worker they are about to access the medical room, this should be recorded appropriately with the date and time and the child allowed to do so privately in the medical room. When assistance or supervision required (or as described in the medical plan) this should also be recorded appropriately. All spoons, oral syringes, self-administered sharps etc. should be disposed of in the appropriately labelled bins for collection and disposal. Nin the event that a child refuses treatment, this should not be forced. Record this appropriately and contact home, or where appropriate follow procedures laid out in the medical plan.
- All incidents of administration of medication and treatment should be logged in the Academy medical files.

Managing Medicines

This school is committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 is to be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.
- A child under 16 is never to be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, is never to be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to

contact parents prior to administration, where necessary, to check this and to inform them that pain relief has been given.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and which include instructions for administration, dosage and storage are to be accepted. The exception to this is insulin which must still be in date, but will generally be made available to school inside an insulin pen or a pump, rather than in its original container. This may also be the case for certain emergency administration medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This is to be made clear within a child's medical plan as appropriate.
- The Academy will only accept medicine from the child's parent or appropriate medical professional on behalf of a parent.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines will be restricted. The Academy will provide a large lockable fridge which will be kept in a locked room. Where medication does not require refrigeration, the Academy will provide a lockable cupboard or container. Children should know where their medicines are at all times and be able to access them immediately if they need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.
- When no longer required, medicines will be returned to the parent for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Controlled Drugs

The supply, possession and administration of some medicines e.g. methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act and its associated regulations and are referred to as 'controlled drugs'. Therefore it is imperative that controlled drugs are strictly managed between the Academy and parents.

Ideally controlled drugs should be brought into school on a daily basis by parents and the medicine details and quantity handed over be carefully recorded on the Individual child's medication sheet (Appendix D). This sheet must be signed by the parent and the receiving member of staff. If a daily delivery is not a reasonable expectation of the parent, supplies should be limited to no more than one week unless there are exceptional circumstances. In some circumstances, the drugs may be delivered to school by a third party e.g. transport escort. In this case, the medication should be received in a security sealed container/bag with a clear prescription label on, informing: child's name, DOB, medication name, dosage and instructions how and when to administer.

We recognise that a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary and will be agreed on in the medical plan; otherwise school will keep controlled drugs prescribed for a pupil securely stored in a non-portable container to which only named staff will have access. They will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. It is considered best practice for the administration of

controlled drugs to be witnessed by a second adult. The name of the member of staff administering the drug should be recorded and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

Record Keeping

School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects the pupil experiences are also to be noted.

Where a pupil has a course of or on-going medicine(s) they will have an individual record sheet which a parent should sign when they deliver the medicine (Appendix D).

Where a pupil requires administration or self-administration of a controlled drug they will have an individual record sheet which allows for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record – Appendix D.

Where a pupil is given a medicine as a one-off e.g. pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E).

To ensure that only eligible and appropriately identified pupils are given the emergency salbutamol inhaler, school will keep a register of such pupils in each emergency asthma kit. As with all other medication administered, appropriate records will be maintained.

Emergency Procedures

The child's medical plan should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

To ensure the medical plan is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly and updated as a medical plan changes. Similarly, appropriate briefings for other pupils are required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal school emergency procedures and Appendix G.

If a child needs to be taken to hospital, a member of school staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

Emergency Salbutamol Inhalers

Asthma is the most chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom and over 25,000 emergency hospital admissions every year amongst children. An asthma UK survey found that 86% of children with asthma have sometimes been without an inhaler at school having forgotten , lost or broken it, or the inhaler having run out. Before 1st October 2014 it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was unavailable.

From 1st October 2014 the Human Medicines (Amendment)(No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

We feel that keeping an inhaler for emergency use will benefit children at the Academy and have decided to purchase and manage 2 inhalers so that one will be available for off and on site use at the same time. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater piece of mind about sending their child to school. Having procedures that set out how and when the inhaler should be used will also protect our staff by ensuring they know what to do in the event of a child having an asthma attack. **This does not in anyway release the parent from their**

absolute duty to ensure their child attends school with a fully functional inhaler containing sufficient medicine for their needs.

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or tremble, or they may say they feel their heart is beating faster.
Salbutamol is intended for use where a child has asthma. The symptoms of other serious illness or conditions , including allergic reactions, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of an emergency inhaler could lead to a delay in the child receiving the treatment they need. Therefore the emergency salbutamol will only be used by children:

- Who have been diagnosed with asthma, and prescribed a reliever inhaler; **or**
- Who have been prescribed a reliever inhaler; **and**
- For whom written parental consent for use of the emergency inhaler has been given

Supplies of Salbutamol

This school will buy inhalers and suitable spacer equipment (as advised by a person no less qualified than a pharmacist) from a pharmaceutical supplier in writing confirming the following:

- The name of the school,
- The purpose for which the product is required and
- The total quantity required.

Emergency Asthma Kit Contents

Each emergency asthma kit will contain the following:

- A salbutamol metered dose inhaler;
- At least two single-use plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer/ plastic chamber;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler as detailed in their IHCP (asthma register);
- A record of administration

Spacers will be disposed of after use.

Storage and Care of Inhalers

It is the responsibility of Angie Buck and Linda Millican to maintain the emergency inhaler kit ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Inhalers and spacers are kept in medical room S17 which is a safe and suitably central location in school, known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. They will not be locked away. Inhalers and spacers will be kept separate from any child's own prescribed inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's own inhaler.
Storage will always be in line with manufacturer's guidelines.

An inhaler should be primed when first used e.g. spray two puffs. As it can become blocked again when not used over a period of time, regular priming by spraying two puffs will be carried out monthly as part of the working order checks.
To avoid possible risk of cross-infection, the plastic spacer should not be reused and can be given to the child who used it to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place. If there is any risk of contamination with blood i.e. if the inhaler has been used without a spacer, it should not be re-used but disposed of.

Staff Use and Training

The Department of Health publication 'Guidance on the use of emergency salbutamol inhalers in schools', September 2014 says specifically regarding staffing and training (paraphrased for brevity):
Schools should ensure that a named individual is responsible for overseeing the protocol for use of the emergency inhaler, monitoring its implementation and for maintaining the asthma register.
There should also be a reasonable number of designated staff to provide sufficient cover e.g. in small schools all staff may be designated staff. 'Designated staff' are people who have responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, been trained to do this, and are identified in school's policy as people to whom all staff may have recourse in an emergency.
Staff should have appropriate training and support, relevant to their level of responsibility. It would be reasonable for all staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the school policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are and how to access their help.

As part of a policy, school should have agreed arrangements in place for all staff to summon the assistance of designated staff to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer. These should be proportionate, and flexible and can include phone calls being made or responsible secondary school-aged children being sent to ask for assistance from designated staff and/or collect the inhaler (but not checking the register), as well as procedures for supporting a designated member's class while they are helping to administer an inhaler.
The school's policy should include a procedure for allowing a quick check of the register as part of initiating the emergency response (and a list of children with parental permission should be in the emergency asthma kit). This does not necessarily need to be undertaken by a designated member of staff, but there may be value in a copy of the register being held by at least each designated member. If the register is relatively succinct, it could be held in every classroom.
Designated staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks; and
- ensuring parents are informed using Appendix I – Template Note Informing Parents of Emergency Salbutamol Inhaler Use.

DEFIBRILLATORS:

A defibrillator is available for use on the school sight. The NHS ambulance service has been notified of its location.

Staff will use the defibrillator when advised to by the ambulance service who will provide a code to open the defibrillator. At this point the staff will be guided on it's use by 999 operators.

Day Trips, Residential Visits and Sporting Activities

Through development of the medical plan staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for one that is more so, but can still achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required in order to support a pupil with a medical condition. The medical plan will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medicine to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

4.10 Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's medical plan. It is not however, generally acceptable practice at this Academy to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Insurance

Staff will be appropriately insured to carry out tasks associated with supporting pupils with medical conditions and the Insurance Policy wording is made available to such staff on request.

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the medical plan process

Every medical plan review must consider whether current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

1.11 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with Mrs Rebecca Miller, Inclusion Director. If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure available on the school website.

Process for developing a medical plan

A parent or healthcare professional informs school that a child with a medical condition:

- has been newly diagnosed; or,
- has had a change in their health needs; or,
- is due to attend this school as a new pupil; or,
- is due to return to this school after a long term absence.

↓

The Inclusion Director to whom this task has been delegated, coordinates a meeting to discuss the child's medical support needs and identifies member(s) of school staff who will provide support to the pupil.

↓

A meeting takes place to discuss and agree on the need for a medical plan to include key school staff, the child, parents, relevant healthcare professionals and other medical/health clinicians as appropriate (or to consider written evidence provided by them).

↓

After agreeing who will case hold for the child, a medical plan is developed in partnership. Input from a healthcare professional must be provided at this stage.

↓

School staff training needs are identified.

↓

Healthcare professional(s) commission/deliver training and school staff are signed off by the trainer as competent – a review date is agreed.

↓

The medical plan is implemented and circulated to relevant staff.

↓

The medical plan is reviewed annually or when a condition changes – to be initiated by a parent or a healthcare professional.

Medical Plan

School/Setting:				**PHOTO**
Name of Child:				
Date of Birth:				
Address of Child:				
Gender:	MALE / FEMALE	**Class/Form:**		
Date:		**Review Date:**		

Who is responsible for providing support in school?	
Medical Diagnosis or Condition	

EMERGENCY CONTACT INFORMATION			
Family Contact 1		**Family Contact 2**	
Name:		**Name:**	
Relationship to Child:		**Relationship to Child:**	
Work Tel. No:		**Work Tel. No:**	
Home Tel. No:		**Home Tel. No:**	
Mobile Tel. No:		**Mobile Tel. No:**	
Clinic or Hospital Contact		**GP Contact**	
Name:		**Name:**	
Contact No:		**Contact No:**	

Describe the child's medical needs (e.g. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)

Please note: Some or all of this information may be shared on a *confidential* and *strictly need to know basis*, with adults other than school staff who may be working with children and young people in a paid or voluntary capacity. **Such adults are bound by the school's code of conduct on confidentiality.**

Medication details (e.g. name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, whether carried by the child and how carried etc.)
Agreed procedure in the event that medicine or procedures are refused by the child
Daily care requirements (e.g. before sports activities, at lunchtime etc.)
Specific support in place for any educational, social and emotional needs (include re-integration and any partnership working following absences e.g. Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious or embarrassing incidents at school.
Arrangements for educational visits or other activities outside the normal timetable

Other Information

Describe what constitutes an emergency and the action to take if this occurs

Describe any follow-up care required

Who is responsible in an emergency? (Please state if different for different activities e.g. off-site etc.):

Staff training needs identified or already undertaken (e.g. names of staff trained, what training they have received and when, along with any plans to train others and when)

Plan developed with (e.g. the child, named parents, staff, healthcare professionals and any others)

Form copied to (Please state who holds copies of this information and where)**:**

Parental Consent to Administer Medicine

This school/setting will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures **and** you complete and sign this form.

School/Setting:			
Name of Child:		**Gender:**	MALE / FEMALE
Date of Birth:		**Class/Form:**	
Date for review to be initiated by:			
Medical diagnosis, condition or illness			

MEDICINE(S)			
Name/type of medicine(s) (as described on the container)			
Expiry date			
Dosage and method of administration			
Timing			
Special precautions or other instructions e.g. with food etc.			
Side effects that the school/ setting must know about			
Can the child self-administer?	YES / NO	**If YES is supervision required?**	YES / NO
Does any medicine need to be carried by the child on their person, what and where will they keep it?		YES / NO	
Procedures to take in an emergency			

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

CONTACT INFORMATION			
Name:			
Relationship to Child:			
Address:		**Work Tel. No:**	
		Home Tel. No:	
		Mobile Tel. No:	
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)			
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.			

Signed:		**Date:**	

Record of Medicine Administered to an Individual Child

All medication administered to individual children must be recorded on this sheet.

In addition, the supply, possession and administration of some medicines are strictly controlled by the Misuse of Drugs Act and its associated regulations and are referred to as 'controlled drugs'. Examples would include methylphenidate (Ritalin), Midazolam, Diazepam etc. In the case of controlled drugs, it is best practice for the administration of such substances to be witnessed by a second adult. Record the name of the member of staff administering the drug and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

The quantity of controlled drugs received from and returned to parents must be carefully accounted for and recorded on this sheet. .

Name of school/setting:							
Name of child:			**Date of Birth:**		**Class/Form:**		
Name and strength of medicine:							
Dose and frequency of medicine:							
Date medicine received from parent:		**Expiry date of medicine:**		**Date medicine returned to parent:**			
Quantity of medicine received:				**Quantity returned to parent:**			
Staff Signature:		**Parent Signature:**					

PLEASE NOTE: parents must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								

Staff initials (1):								
Staff initials (2):								

Record of Medicine Administered to All Children

Name of school/setting:	

Date	Name of Child	Time	Name of Medicine	Dose Given& How	Any Reactions	Signature of Staff	Print Name

Date	Name of Child	Time	Name of Medicine	Dose Given& How	Any Reactions	Signature of Staff	Print Name

Staff Training Record – Supporting Pupils with Medical Conditions

This form is for recording all training delivered to staff (and as appropriate volunteers) with the aim of supporting pupils with medical conditions, including the Whole School Awareness briefing.

Name of School/Setting:	
Name(s) of Staff:	
Type of Training Received: Describe in brief what was covered e.g. Whole School Awareness (and the content of it), physiotherapy, administering medication, tube feeding etc.	
Date Training Completed:	
Name of Trainer:	
Training Provider: Organisation, profession and job title of the person delivering the training.	

I confirm that the above named member(s) of staff received the training detailed above and they are competent to carry out any necessary treatment.

Date by which I recommend this training be updated:	

Trainer Signature:		**Date:**	

I confirm that I have received the training detailed above.

Staff Signature(s):		**Date:**	

Summoning Emergency Services

To summon an ambulance, dial any prefix required to get an outside line followed by 999, ask for an ambulance and be ready with the following information.

Your telephone number including any extension number.	
Your name.	
Your location.	Richard Rose Morton Academy, Wigton Road, Carlisle, Cumbria, Ca26LB
Your location postcode.	CA26LB
The exact location of the patient within the school/setting.	
The name of the patient and a brief description of their symptoms.	
The best entrance for the ambulance crew to use and state they will be met and taken to the patient.	

Display a suitably amended copy of this form close to any phone that might reasonably be used to summon emergency services

Appendix E

Template Letter Inviting Parents to Contribute to the Development of Their Child's Individual Healthcare Plan

Dear Parent

DEVELOPING A MEDICAL PLAN FOR YOUR CHILD

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

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

A meeting to start the process of developing your child's Plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people:

(State the names and relevant positions of people who will attend)

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information you would like us to consider at the meeting as soon as possible.

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

Yours sincerely