



BISHOP RAWSTORNE
Church of England Academy

Medical Conditions Policy

'But the wisdom that comes from heaven is first of all pure; then peace loving, considerate, submissive, full of mercy and good fruit, impartial and sincere'
James 3:17

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This document and the content contained therein remains the responsibility of the Headteacher, and Governing Body of the Academy. No amendments can be made without their express instruction and they remain the final arbiters in any matters relating to it.

FORTITER ET FIDELITER
Bravely and Faithfully

Bishop Rawstorne Church of England Academy

Verse

“But the wisdom that comes from heaven is first of all pure; then peace loving, considerate, submissive, full of mercy and good fruit, impartial and sincere.”

James 3:17

Vision

“Bishop Rawstorne Church of England Academy aspires to cultivate wisdom rooted in Christian Values. It is our vision that all members of our community will experience life in all its fullness, flourishing through dignity, knowledge and understanding, bound together in unity, giving hope and worth to all.”

Our Values

Hope, Service, Compassion, Peace, Wisdom, Fellowship.

Our values are taken from the work of Neville Norcross ‘Christian Values for Church Schools’. Whilst there are many Christian values, we have chosen the six above to complement our commitment to a rich curriculum and outstanding pastoral care.

Philosophy

At Bishop Rawstorne Church of England Academy, we are committed to providing a nurturing and supportive environment for every member of our school community. Guided by our Christian values, we provide tailored and individualised care to young people with medical conditions, ensuring that professional, effective and robust reasonable adjustments and support is available to all who need it. We believe in empowering young people to achieve their full potential, feel secure and valued, and play a full and active role in school life.

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THE CHRISTIAN COMMUNITY

Bishop Rawstorne is a Christian community that delights in seeking wisdom and knowledge, building relationships and character based upon the Word of God, enabling us all to flourish bravely and faithfully.

CODE OF CONDUCT IN OUR CHRISTIAN COMMUNITY

Our aim is to ensure that you feel happy, safe and secure in your school.

We believe:

- that every individual in our community is a unique and valuable creation made in the image of God.
- we all have a right to be considered equal, worthy of respect and esteem.
- we all have a responsibility to treat others as we would like to be treated ourselves.

Statement of intent

The governing board of Bishop Rawstorne Church of England Academy has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of students with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that students feel safe in the school environment.

Some students with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some students with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these students, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students and their parents.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Drugs Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy

- Accessibility Race Gender Equality Policy
- Student Attendance Policy
- Students with Additional Health Needs Attendance Policy
- Admissions Policy

2. Roles and responsibilities

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support students with medical conditions.
- Ensuring that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each student and what support is required to support their individual needs.
- Instilling confidence in parents and students in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective students are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that student's health is not put at unnecessary risk. As a result, the board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support students and sets out the procedures to be followed whenever a school is notified that a student has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at school with medical conditions.

- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that enough staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a student with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are always contactable.

Students will be responsible for:

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

School staff will be responsible for:

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

- Taking into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a student with a medical condition needs help.

The school nurse will be responsible for:

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

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to students' needs, and that health services can cooperate with schools supporting students with medical conditions.
- Making joint commissioning arrangements for EHC provision for students with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for students who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable students.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for students with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that students with medical conditions can attend school full-time.

Where a student is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the student is unlikely to receive a suitable education in a mainstream school.

3. Admissions

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

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

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

4. Notification procedure

When the school is notified that a student has a medical condition that requires support in school, the school nurse will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the student, with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to students. Where a student's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a student starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a student joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

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

needs will be assessed by the school nurse through the development and review of IHPs, on an annual basis for all school staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting students with medical conditions.

Through training, staff will have the requisite competency and confidence to support students with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on an annual basis for all staff and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the SBM and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- The parents of students with medical conditions
- First Aid and Medical Coordinator
- SENCO

The parents of students with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing board will provide details of further CPD opportunities for staff regarding supporting students with medical conditions.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of students in the class they are providing cover for.
- Covered under the school's insurance arrangements.

6. Self-management

Following discussion with parents, students who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, students will be allowed to carry their own medicines and relevant devices. Where it is not possible for students to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a student with a controlled drug passes it to another child for use, this is an offence, and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

7. IHPs

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a student, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the student will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The student's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the student's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the student's condition and the support required

- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the student
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or student, the designated individual to be entrusted with information about the student's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a student has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

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

Where a student has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

8. Managing medicines

Medicines will only be administered at school when it would be detrimental to a student's health or school attendance not to do so.

Students under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the student's health not to do so
- When instructed by a medical professional

No student under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

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

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Students will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, students will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

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

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the number of controlled drugs held and any doses administered. Staff may administer a controlled drug to a student for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. Spare inhalers will be stored in the medical area of Learning Support and their use will be recorded.

Records will be kept of all medicines administered to individual students, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Non-Prescription Medicines

The school is aware that students may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

The school works on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider planning to facilitate the administration of non-prescription medicines following parental request and consent.

Students and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a student is deemed too unwell to be in school, they will be advised to stay at home, or parents will be contacted and asked to take them home.

When planning for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with identification.
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

Paracetamol

The school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach-ache, earache, cold symptoms, and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The school is aware that paracetamol for children is available as a syrup from the age of 2 months; and tablets (including soluble tablets) from the age of 6 years, both of which come in a range of strengths.

The school understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The school will ensure that authorised staff are fully trained and aware of the NHS advice on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

The school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

The verbal or written consent of parents will be required to administer paracetamol to students.

To reduce the risk of pupils carrying medicines and avoid confusion over what can be administered, the school will keep its own stock of 500mg paracetamol tablets.

The school is aware of the NHS recommended dosages for secondary aged students as set out below:

- 10 to 11 years: 500mg - maximum four times in 24 hours
- 12 to 15 years: 750mg – maximum four times in 24 hours

For students' health and safety, the school will only administer one tablet of **500mg**, regardless of age, within the school day and will ensure staff adhere to the following protocols:

- The school will hold a supply of **500mg** paracetamol securely in a locked medicine cabinet.
- Before giving paracetamol, affected students will be encouraged to get some fresh air, and have a drink or something to eat. Paracetamol will only be considered if these actions do not work.
- Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending school.
- Following consent, paracetamol may be administered by authorised members of staff in the event of a headache, toothache, period pain or any type of mild to moderate pain.
- Paracetamol will not be issued without prior written or verbal consent from the parent **on the day**. If verbal consent cannot be obtained, then paracetamol **will not** be given.
- When a student is given medicine, the authorised member of staff will witness the student taking the paracetamol and make a record of it. This record will include:
 - Student's name.
 - The name of the medicine.
 - Dose given.
 - Date and time of administration.
 - Signature of the person administering.
- Only standard paracetamol will be given, not combination medicines which may contain other drugs.
- Students will only be given **one 500mg dose** of paracetamol during the school day; this will only be given to students **whose parents can confirm that they have not already been given paracetamol** or where **a minimum of four hours has elapsed** since the student arrived in school that day.
- If paracetamol does not alleviate symptoms, the student's parents will be contacted again.
- Paracetamol will not be given following a head injury, or where a student has taken paracetamol containing medicine within the last four hours.
- Students who frequently require paracetamol will be asked to provide their own tablets which will be kept securely labelled in the school office; parents will be contacted by the office staff in these circumstances.

- If a student has a minor injury whilst at school their condition will be triaged by a First Aider; whereupon appropriate pain relief may be given by an authorised member of staff (who may or may not be the first aider) following consultation and consent from parents.

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

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

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist students with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a student has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the students who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Students who have prescribed AAI devices can keep their device in their possession.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the student needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a regular basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in an appropriate area, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to students at risk of anaphylaxis and where written

parental consent has been gained. Where a student's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a student who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a student is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the student's parents will be notified that an AAI has been administered and informed whether this was the student's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

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

In the event of a school trip, students at risk of anaphylaxis will have their own AAI with them and the school will consider taking the spare AAI in case of an emergency.

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

10. Record keeping

Written records will be kept of all medicines administered to students. Proper record keeping will protect both staff and students and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix D and Appendix E.

11. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Students will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a student needs to be taken to hospital, a member of staff will remain with the student until their parents arrive. When transporting students with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

12. Day trips, residential visits and sporting activities

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

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition to a risk assessment, advice will be sought from students, parents and relevant medical professionals. The school will arrange for adjustments to be made for all students to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

13. Unacceptable practice

The school will not:

- Assume students with the same condition require the same treatment.
- Prevent students from easily accessing their inhalers and medication.
- Ignore the views of the student or their parents.
- Ignore medical evidence or opinion.
- Send students home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell student to the medical room or school office alone or with an unsuitable escort.
- Penalise students with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they must give up working because the school is unable to support their child's needs.
- Create barriers to students participating in school life, including school trips.
- Refuse to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

14. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to students with medical conditions.

The school holds an insurance policy with the DFE Risk Protection Arrangement (RPA) covering liability relating to the administration of medication. The policy has the following requirements:

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

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

15. Complaints

Parents or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

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

16. Home-to-school transport

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

17. Defibrillators

The school has four automated external defibrillators (AED).

All staff members and students will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.

The emergency services will always be called where an AED is used or requires using.

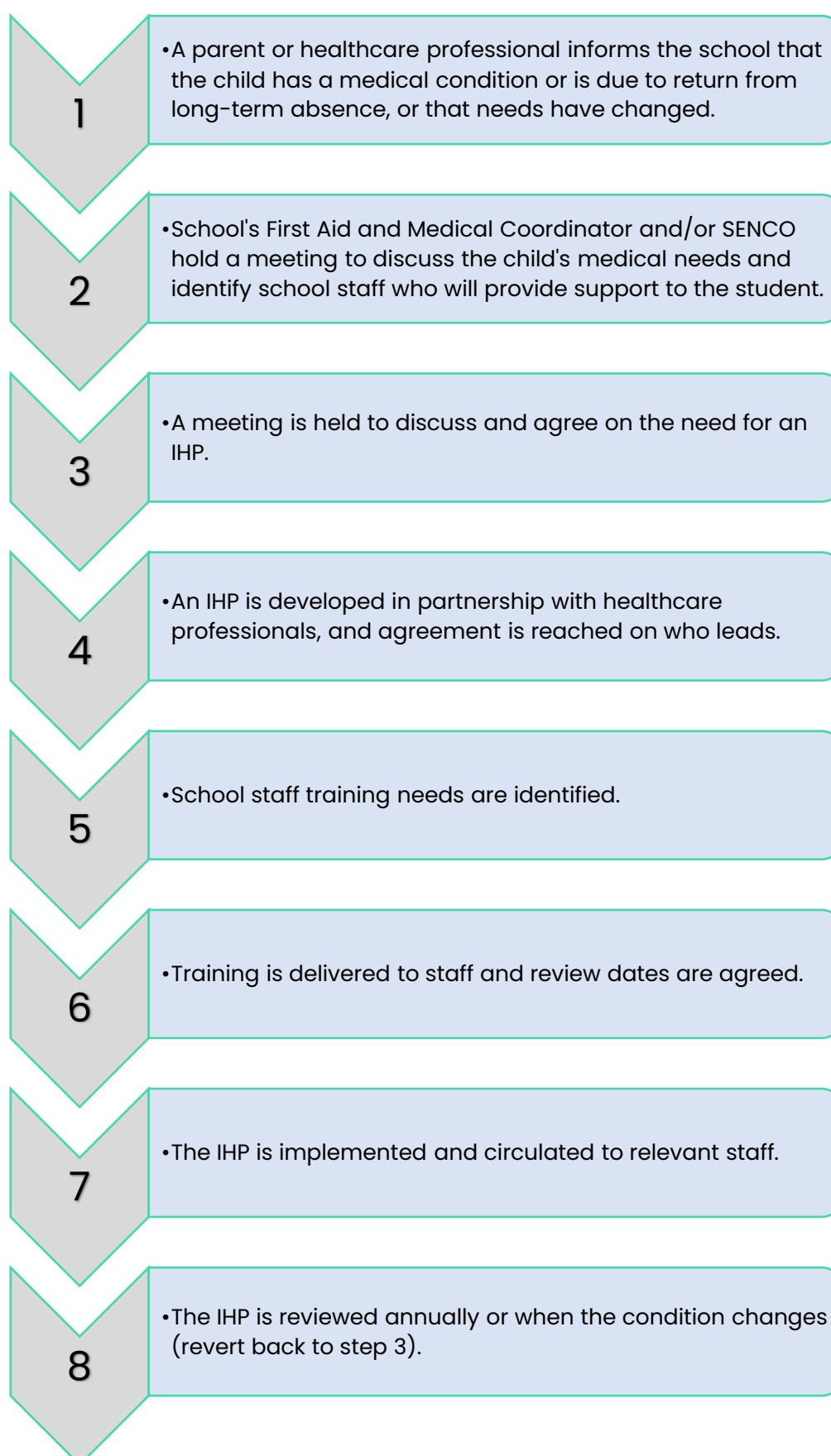
Maintenance checks will be undertaken on AEDs monthly, and an up-to-date record of all checks and maintenance work will be kept.

18. Monitoring and review

This policy is reviewed on an annual basis by the governing board, designated staff members and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.



Individual Healthcare Plan Implementation Procedure





Individual Healthcare Plan

Student's details

Student's name	
Year	
Tutor	
Date of birth	
Student's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

Name	
Relationship to student	
Phone number	
Name	
Relationship to student	
Phone number	
Relationship to student	

Hospital contact

Name	
Phone number	

Student's GP

Name	
Phone number	

Who is responsible for providing support in school?
Student's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues
Name of medication, dose and method of administration
Daily care requirements
Arrangements for school visits and trips

Other information
Describe what constitutes an emergency, and the action to take if this occurs
Staff member(s) responsible in an emergency
Plan developed with
Staff training needed or undertaken – who, what, when:

Parental Agreement for the School to Administer **Medication**

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

Administration of medication form

Date for review to be initiated by	
Name of student	
Date of birth	
Year	
Tutor	
Medical condition or illness	

Medication

Name of medication	
Expiry date	
Dosage and method	
Timing	
Special precautions and instruction	
Side effects	
Self-administration	yes/no
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Parental/Carer Contact details

Name	
Telephone number	

Relationship to student	
Address	
I will personally deliver the medication to....	

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

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature: _____

Print name: _____

Date: _____



Record of **Prescribed Medication** Administered to an Individual Student

*Medication will be securely stored in the safe or designated medical fridge as appropriate.

Name of student	
Year	
Tutor	
Date medication provided by parents	
End date	
Quantity received	
Name and strength of medication	
Expiry date	
Dose and frequency of medication	
Staff signature	
Parent signature	

Date	Time given	Dose given	1 st staff member	Signature	2 nd staff member	Signature



Record of **Controlled Medication Administered to an Individual Student **with an IHP****

*Medication will be securely stored in the safe.

Name of student	
Year	
Tutor	
Date medication provided by parents	
Quantity received	
Name and strength of medication	
Expiry date	
Dose and frequency of medication	
Staff signature	
Parent signature	

Date	Time given	Dose given	1 st staff member	Signature	2 nd staff member	Signature



Record of **Non-Prescribed** Medication Administered to Students **During School Day**

*Medication will be securely stored in the safe or lockable medical cabinet.

Date: _____

Time	Student's name	Time	Name of medication	Dose given	1 st Staff signature	2 nd Staff signature	Print names



Staff Training Record – Administration of Medication

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____



Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- The telephone number: 01772 600 349
- Your name.
- Your location as follows: Bishop Rawstorne Church of England Academy, Highfield Road, Croston
- The postcode: PR26 9HH
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.



Incident Reporting Form

Date of incident	Time of incident	Place of incident
Name of ill or injured person	Details of the illness or injury	Was first aid administered? If so, give details
What happened to the person immediately afterwards?	Name of the first aider	Signature of the first aider