



DIOCESE OF CHICHESTER
ACADEMY TRUST

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

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<i>Type of Policy</i>	<i>Tick ✓</i>
DCAT Statutory Policy	
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Academy Policy	✓
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Introduction

Our **vision** for our Trust is we exist to:

Help every child achieve their God-given potential

Our **aims** are clear. We aim to be a Trust in which:

Developing the whole child means pupils achieve and maximise their potential

Continued development of staff is valued and improves education for young people

All schools are improving and perform above national expectations

The distinct Christian identity of each academy develops and is celebrated

Our work as a Trust is underpinned by shared **values**. They are taken from the Church of England's vision for Education and guide the work of Trust Centre team. They are:

Aspiration

I can do all things through Christ who strengthens me
(Philippians 4 vs 13).

Wisdom

Listen to advice and accept discipline, and at the end you will be counted among the wise
(Proverbs 19 vs 20)

Respect

So in everything do to others what you would have them do to you
(Matthew 7 vs 12)

Our vision of helping every child achieve their God-given potential is aligned with the Church of England's vision for education and is underpinned by the Bible verse from John: *I have come that they may have life, and have it to the full.*

1. Policy Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The school will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupils' conditions, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring individual healthcare plans (IHPs).

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

3. Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:

- **Short-term** affecting their participation at school because they are on a course of medication.
- **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

4. Roles and Responsibilities

The [Education Inspection Framework 2022](#) aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

4.1 The Diocese of Chichester Academy Trust (DCAT) and the Local Governing Body (LGB)

The statutory duty for rests with DCAT. DCAT has ultimate responsibility for making arrangements for supporting pupils at school with medical conditions, but delegates responsibility for monitoring of local arrangements to the school's LGB.

The Trust will develop a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy).

The Trust delegates operational matters and day-to-day tasks to the headteacher and staff members.

4.2 The March CE Primary School

The March CE Primary School has been delegated the implementation of this policy for supporting pupils at school with medical conditions. The overall responsibility for the implementation of this policy at The March CE Primary School is given to the Headteacher.

The March CE Primary School will work to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements.

In addition, the school can refer to DCAT for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

The March CE Primary School fulfil its responsibility by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Ensuring the policy for supporting pupils with medical conditions is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notification is received that a pupil has a medical condition);

- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions and that they are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed (see section below on individual healthcare plans);
- Ensuring that the policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section on liability and indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section on complaints).

4.3 The Headteacher

- Ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.
- Ensuring that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensuring that all staff who need to know are aware of a child's condition.
- Taking overall responsibility for the development of IHPs
- Making sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contacting the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

4.4 Staff

- The SENCO, will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

- The SENCO, will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.
- All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

4.5 Parents

Parents will:

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

4.6 Pupils

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

4.7 School nurses and other healthcare professionals

Our school nursing service will notify The March CE Primary School when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

5. Equal Opportunities

Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case, the Trust (DCAT) and Local Governing Bodies (LGB) must comply with their duties under that Act. Some may also have Special Educational Needs (SEN) and may have a statement or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs And Disability (SEND) code of practice which explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this policy in respect to those children.

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

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

6. Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to The March CE Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to The March CE Primary School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The March CE Primary School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, these discussions will be led by the Head Teacher and the SENCO, and then an individual healthcare plan will be written in conjunction with the parent/carers by The SENCO and put in place.

See [appendix I](#)

7. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to The SENCO.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will help to ensure that we effectively support pupils with medical conditions and will be developed with the pupil's best interests in mind, setting out;

- What needs to be done
- When
- By whom

They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional, the school and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the pupil effectively and will ensure that we assess and manage the risks to the pupil's education, health and social wellbeing, and minimises disruption. Where a pupil is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the pupil. Pupils should also be involved whenever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. Where a pupil has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. This is important because different pupils with the same health condition may require very different support. The aim should be to capture the steps which The March CE Primary School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

The governing board and the Headteacher and the SENCO, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.

- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements

Where home to school transport is being provided by WSCC we will support the development of any risk assessments and share the individual healthcare plan with T&C Travel. Where pupils have a life-threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to be followed in the event of an emergency.

8. Managing Medicines on school premises and record keeping

At the March CE Primary School the following procedures are to be followed

- Prescription and non- prescription Medicines should only 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 should be given prescription or non-prescription medicines without their parents 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 should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- With parental written consent we will administer non-prescription medicines, with the exception of medicine containing Aspirin, which will not be given to pupils under 16, unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents will always be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- We will only accept prescribed medicines, with written permission from parent/carer that are:
 - are in-date
 - labelled
 - provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- It is recommended that a primary school pupil should never carry medicine to and from school. Medicine must be handed to the school secretary as soon as the pupil arrives at school.

- All medicines will be stored safely in the office. All non-emergency medication will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines.
- Pupils will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility, [Mrs Jones School Business Manager].
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in the Office and not locked away. Asthma inhalers should be marked with the child's name.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The March will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to pupils. These records offer protection to staff and pupils and provide evidence that agreed procedures have been followed;
- Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual pupil's medicine record before any dose is given, etc.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal (*a medication in/out log is available at DCAT*). Sharps boxes should always be used for the disposal of needles and other sharps.
- The March are considering whether to hold asthma inhalers on site for emergency use.

8.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. Monitoring arrangements may be necessary. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. In cases of emergency the key must be readily available to all members of staff to ensure access.

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

8.2 Pupils managing their own need

If, after discussion with the parent/carer, it is agreed that the pupil is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible pupils will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored

in the cupboard in the school office to ensure that the safeguarding of other pupils is not compromised. The March also recognises that pupils who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered, if necessary.

8.3 Unacceptable practice

Although staff at The March should use their discretion and judge each case on its merits with reference to the pupil's IHP, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents\carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- Send a pupil who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from drinking, eating, or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- Require parents\carers, 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.
- Prevent pupils from participating, or creating unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.
- Administer, or ask pupils to administer, medicine in school toilets.

9. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance. The school is aware of the local emergency services cover arrangements and the correct information will be provided for navigation systems.

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

10. Staff training and support

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. **Where the school administers prescription and non-prescription Medicines at school, when it would be detrimental to a child's health or school attendance not to do so, appropriately trained staff will have received training for administering medicines.**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The Head will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions, if not included in meetings where this is discussed, will be updated as soon as possible following the meeting. We may choose to arrange training ourselves and will ensure that it remains up to date.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher / role of individual. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
- Fulfil the requirements in the IHPs.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

10.1 Staff Training information

We will record staff training for administration of medicines and /or clinical procedures. (see [appendix 2](#))

For the protection of both staff and pupil a second member of staff will be present while more intimate procedures are being followed.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

The family of a pupil will often be essential in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice but should not be the sole trainer.

11. Off Site visits and sporting activities

We will actively support pupils with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by our Offsite Visits Policy.

Staff with the role of administering medicines must have relevant and current training to do so. A first aid qualification does not cover the skills and knowledge required for the administration of medicines.

12. Hygiene/Infection Control

All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

13. Equipment

Some pupils will require specialist equipment to support them whilst attending school. Staff will check the equipment, in line with any training given, and report concerns to the Head.

The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure will be detailed within the individual healthcare plan.

Staff will be made aware of the use, storage and maintenance of any equipment.

14. Record Keeping

The Headteacher will ensure that ELECTRONIC records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

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

15. Liability and indemnity

The Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you,

DCAT will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

16.1 RPA Insurance Cover

The March is a member of The Department for Education's risk protection arrangement (RPA) is a voluntary arrangement for academies, free schools and local authority maintained schools. It is an alternative to insurance through which the cost of risks that materialise will be covered by government funds.

If a copy of the certificate is required please contact Jo Saunders, Head of Operations and Governance at DCAT centre – jsaunders@dcac.academy

16. Complaints

Should parents/carers be dissatisfied with the support provided, they must discuss their concerns directly with the school. This will be with the child's class teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Complaints Policy and Procedures, which is available on the school's website.

17. Monitoring Arrangements

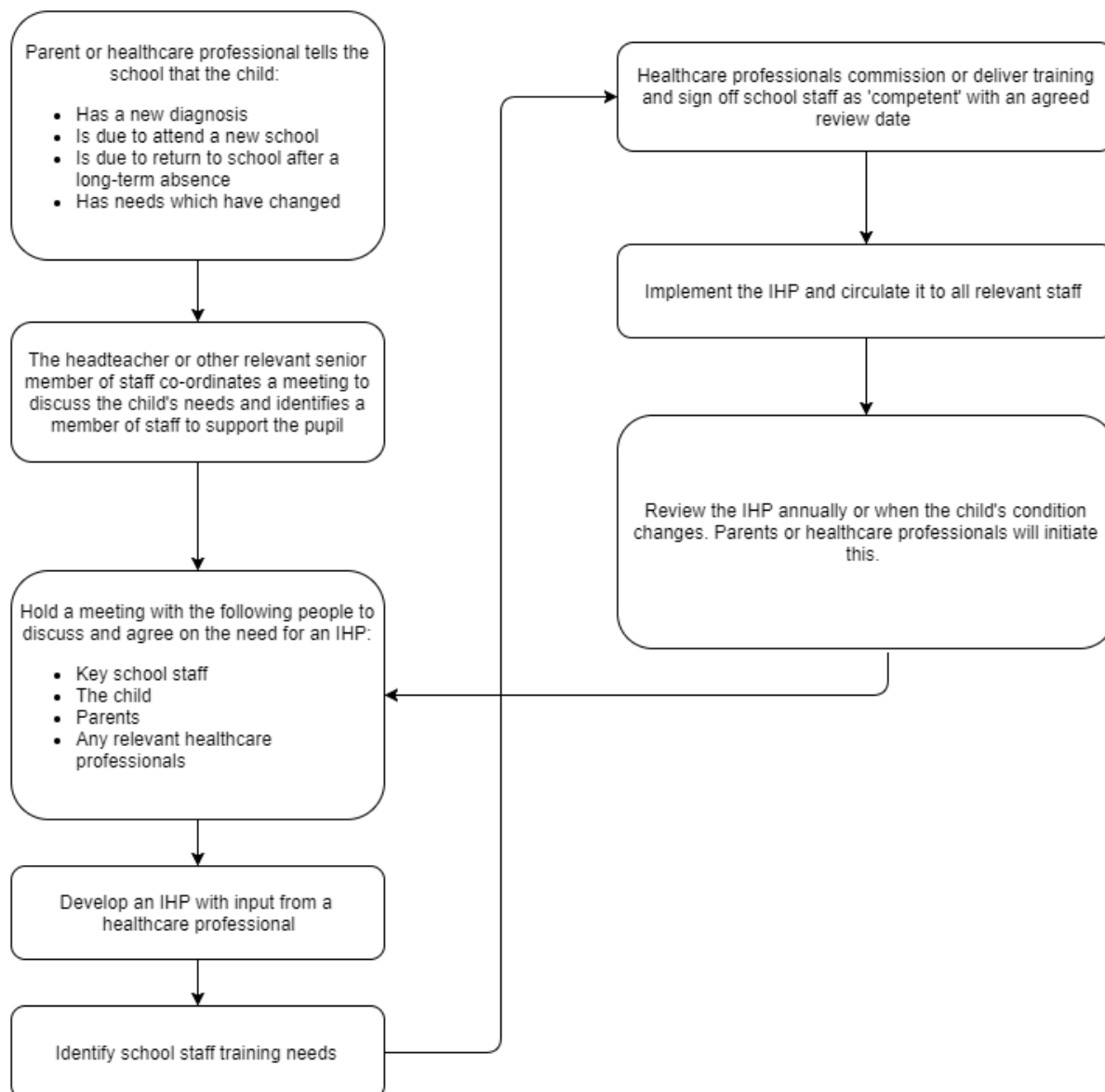
This policy will be reviewed and approved by DCAT every 2 years.

18. Links to other policies:

This policy should be read in conjunction with the following policies:

- Child Protection and Safeguarding Policy
- Children with Health Needs who Cannot Attend School
- Complaints Policy and Procedures
- First Aid Policy
- Health and Safety Policy
- Off-site visits policy
- SEN Policy

Appendix I: Being notified a child has a medical condition



Appendix 2: List of staff trained in administering medicines

STAFF MEMBER'S NAME	ROLE	TRAINING RECEIVED	DATE FOR TRAINING TO BE RENEWED (WHERE APPLICABLE)	CONTACT DETAILS
Gemma Bunch	School Secretary	First Aid at Work and Paediatric first aid	2026	Office@themarch.school
Lorna Jones	School Business Manager	First Aid at Work and Paediatric first aid	2025 2026	Sbm@themarch.school
Nicky Metcalfe	Head teacher	First aid at work	2026	Head@themarch.school