The Fernwood School

High Achievement with Care & Discipline for All"

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

This policy will be monitored regularly and evaluated so that it remains responsive to current issues. This will be co-ordinated by the Head of Operations.

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Statement of intent

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

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

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

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

1. Legal framework

This policy has due regard to legislation and statutory 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 'Special educational needs and disability code of practice: 0-25 years'
- DfE 'School Admissions Code'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'First aid in schools, early years and further education'
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Drugs Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Allergen and Anaphylaxis Policy
- Complaints Policy
- Attendance Policy
- Admissions Arrangements Policy

2. Roles and responsibilities

The Board of Trustees will be responsible for:

- Reviewing this policy alongside the Headteacher and Head of Operations.
- Approving the school's overall approach to supporting pupils with medical conditions.
- Ensuring that appropriate arrangements and systems are in place to support pupils with medical conditions.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.

The Headteacher is responsible for:

- Reviewing this policy alongside the Trustees and Head of Operations.
- The overall implementation of this policy.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with Nottingham City Council, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and the support required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the Lead Medical Administrator where a pupil with a medical condition requires support that has not yet been identified.

The Head of Operations will be responsible for:

- 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 pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

School staff will be responsible for:

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

- Taking into account the needs of pupils 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 pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The Lead Medical Administrator is responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHP's and providing advice and training.
- Ensuring that all staff who need to know are aware of the child's condition.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

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 contactable at all times.

Pupils 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 pupils with medical conditions.

NHS Nottingham and Nottinghamshire Integrated Care Board (CCB) will be responsible for:

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

Other schools, healthcare professionals, including GP's and paediatricians, are responsible for:

- Notifying the Lead Medical Administrator when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHP's.
- Providing support in the school for children with particular 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 Lead Medical Administrator and other healthcare professionals, and participating in local outreach training.

Nottingham City Council will be responsible for:

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

3. Admissions

Admissions will be managed in line with the school's Admissions Arrangements 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 pupil has a medical condition that requires support in school, the Lead Medical Administrator will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP.

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

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil 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 pupil 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 Lead Medical Administrator through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives. The Lead Medical Administrator will confirm the proficiency of staff in performing medical procedures or providing medication. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

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

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

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

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

Supply teachers will be:

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

6. Self-Management

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

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

If a pupil 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 the school's Drugs Policy.

7. Individual Healthcare Plans (IHP's)

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher will make the final decision. Appendix E details example medical conditions that would require an IHP to be implemented.

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

IHP's will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

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

The IHP will be developed with the child's best interests in mind. In preparing the IHP the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Where a pupil 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 Nottingham City Council and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

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

8. Managing Medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' consent, except where the medicine has been prescribed to the pupil without the

parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

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

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

No pupil 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 they have not previously consented to or 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. Pupils 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, pupils will be informed of who holds the key to the relevant storage facility.

When no longer required, parents will be requested to collect their child's medicines 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. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room, and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual pupils on the electronic medical log, 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 pupils 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 making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils 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 pupil 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 making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following similar 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 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.

The school follows a hybrid approach whereby written consent by a parent / carer is preferred, but verbal consent is allowed. The process is:

Written consent is collected annually via the school's medical consent forms. A paracetamol consent section is included within the annual medical forms. Consent status is entered onto Arbor for each pupil. Staff are to check Arbor before administering paracetamol.

- This covers routine situations (headaches, period pain, minor ailments).
- Reduces administrative burden.
- Provides a clear audit trail.

If there is no written consent on file, the staff member is to call the parent for verbal consent and log immediately on Arbor. Staff record each administration on the Arbor medical log. Verbal consent is only used as a backup when:

- Written consent is not on file (new pupils, forms not returned, etc.)
- Parent has requested to be contacted each time.
- Circumstances have changed.
- Pupil has complex medical needs.

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.

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 pupils 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

A 'permission to administer paracetamol section' is included in the Medical Notes section of MIS Arbor.

For pupils' 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.
- With parental 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.
- When a pupil is given medicine, the authorised member of staff will witness the pupil taking the paracetamol and make a record of it. This record will include:
  - Pupil'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.

- If paracetamol does not alleviate symptoms, the pupil's parents will be contacted again.
- Paracetamol will not be given following a head injury or where a pupil has taken paracetamol containing medicine within the last four hours.
- Pupils who frequently require paracetamol will be asked to provide their own tablets which will be kept securely labelled in the Medical Room; parents will be contacted by the office staff in these circumstances.
- If a pupil 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.

Paracetamol Administration - Early Morning Requests

The critical concern is avoiding paracetamol overdose, which can cause serious liver damage or death.

Safe dosing intervals:

- Paracetamol should be taken every 4-6 hours
- Maximum 4 doses in 24 hours
- Doses should be at least 4 hours apart

The risk: Access to school begins at 8.00am daily. If a pupil arrives at school and has already taken paracetamol at home (e.g., at 7:30am), administering another dose at 9:00am may be **dangerous and potentially life-threatening** as it would be less than 4 hours since the previous dose.

There are legitimate reasons why a pupil may need paracetamol in the morning, such as:

- Woke with a headache that developed after leaving home.
- Period pain that started during the journey to school.
- Injury sustained on the way to school.
- Forgot to take medication at home despite needing it.

Where a pupil requests paracetamol within 4 hours of the school day commencing (up to 12noon), staff must contact the parent to verify whether the pupil has taken any paracetamol, cold or flu remedies (these often contain paracetamol) or any other pain medication that morning, including the time and dosage.

- If the parent states they have taken paracetamol less than 4 hours ago, staff must delay providing any more until 4 hours after their previous dose.
- If the parent is certain that they haven't taken paracetamol and are happy to let them, the staff member adds parental consent to their Arbor record, and they administer paracetamol to the pupil.

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 school's Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils 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 pupil 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 pupils who have been prescribed an AAI to use in the event of anaphylaxis. This will be recorded on the MIS Arbor for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response. Pupils who have prescribed AAI devices can keep their device in their possession.

Designated staff members (first aiders) 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, the Lead Medical Administrator will be contacted via a two-way radio. 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 AAI's, e.g. if the pupil needs restraining.

The school will keep spare AAI's for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI's are stored ensuring they are protected from direct sunlight and extreme temperatures in the following locations:

- In the Medical Room
- Trent.002 (Food DT)
- Hemlock W0A (Science office)

The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a

prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted, and advice sought as to whether administration of the spare AAI is appropriate.

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

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI's are used, the following information will be recorded on the electronic medical log:

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

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

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

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

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking a 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. Reporting and Recording

Written records will be kept of all medicines administered to pupils via the medical log. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

In the event of an emergency, such as use of an AAI, the Lead Medical Administrator will telephone the pupil's parent as soon as possible. A list of emergency contacts will be kept on the MIS Arbor.

All records will be filed and stored in line with the Records Management Policy.

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.

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

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

12.Day Trips, Residential Visits and Sporting Activities

Pupils 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 pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

13.Unacceptable Practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise pupils 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 have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

14.Liability and Indemnity

The Board of Trustees will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with the Department for Education's Risk Protection Arrangement (RPA) covering liability relating to the administration of medication. 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 pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. 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 Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils 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 pupils with medical conditions is the responsibility of Nottingham City Council. Where appropriate, the school will share relevant information to allow the Local Authority to develop appropriate transport plans for pupils with life-threatening conditions.

17.Defibrillators

The school has two automated external defibrillators (AED's). One AED is stored in the reception foyer in an unlocked, alarmed cabinet. The second is in a cabinet attached to an external wall of the Hemlock building closes to the grass pitches.

All staff members and pupils will be made aware of the AED locations and what to do in an emergency. A risk assessment regarding the storage and use of AED's at the school will be carried out and reviewed bi-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, first aiders 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 on a weekly basis by the Lead Medical Administrator, who will also keep an up-to-date record of all checks and maintenance work.

18.Monitoring and review

This policy is reviewed on an annual basis by the Board of Trustees, Head of Operations and Headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Appendix A: Individual Healthcare Plan Implementation Procedure

1. •A school the pupil is moving from, a parent or healthcare professional informs Fernwood school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. •The Lead Medical Administrator coordinates a meeting to discuss the child's medical needs and how to provide support to the pupil.
3. •A meeting is held to discuss and agree on the need for an IHP.
4. •An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. •School staff training needs are identified.
6. •Training is delivered to staff and review dates are agreed.
7. •The IHP is implemented, recorded on Arbor and circulated to relevant staff.
8. •The IHP is reviewed annually or when the condition changes (revert back to step 3).

Appendix B: Individual Healthcare Plan

Pupil's details

Pupil's name	
Form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

1. Name	
Relationship to pupil	
Phone number	
2. Name	
Relationship to pupil	
Phone number	
3. Name	
Relationship to pupil	
Phone number	

Hospital contact

Name	
Phone number	

Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?
Name: Cover if unavailable:
Designated staff member entrusted with information about the pupil's medical condition
•
Name of medication, dose and method of administration
Medication: Dosage: How Administered:
Can the pupil self-manage their medication?
Yes / No
Daily care / support requirements
• • •
Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues
Medical Needs: Triggers: Symptoms: Treatments: Equipment: Environmental issues: Written Consent Provided by Parent / Carer for Medication to be Given: Yes / No

Who needs to be made aware of the pupil's condition and the support required?
• •
Describe what constitutes an emergency, and the action to take if this occurs
• • •
Arrangements for school visits and trips
• • •
Other information
• •
Responsible person in an emergency, state if different for off-site activities
• At school: • Off site:
Plan developed with
• Hannah Kirkland • • •
Staff training needed or undertaken – who, what, when:
• • •

Appendix C: Parental Agreement for the School to Administer Medicine

Please complete this form if your child needs to bring medication to school. The school will not give your child prescribed medicine unless you complete and sign this form.

Administration of Medication Form

Date	
Name of pupil	
Age of pupil	
Form	
Medical condition or illness	

Medicine

Name of medicine?	
Purpose of medication?	
Expiry date of medicine?	
Dosage and method?	
Time(s) to be administered?	
Special precautions and instruction?	
Side effects to be aware of?	
Procedures for an emergency or adverse reaction?	

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.

Where should this medication be stored?

☐ **In the Medical Room** (locked cabinet)

Medication will be stored securely and accessed by trained staff when needed

☐ **Carried by the pupil**

Only applicable for asthma inhalers and EpiPens as specified in Individual Healthcare Plans

Who will administer this medication?

☐ **School staff** (I give permission for trained school staff to administer this medication as specified above)

☐ **Self-administration by pupil** (I confirm my child is competent to self-administer this medication)

PARACETAMOL CONSENT *(Optional)*

In accordance with the school's First Aid Policy, trained first aiders may administer paracetamol for minor ailments (e.g., headache, period pain) if parental consent has been given.

Do you give permission for school staff to administer paracetamol to your child if needed?

☐ **Yes** - I give permission for paracetamol to be administered
☐ **No** - I do not give permission

If YES, are there any circumstances when paracetamol should NOT be given?

Contact Details

Name	
Primary contact number	
Secondary contact number	
Relationship to pupil	
Email Address	
I will personally deliver the medicine to	**The Lead Medical Administrator**

All medication brought to school must be:

- In its original container
- Clearly labelled with the pupil's name
- Showing dosage and frequency of administration
- Showing date of dispensing and expiry date
- Including any cautionary advice

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. I will collect any unused or out of date medication at the end of the treatment period for safe disposal.

Parent / Carer Signature: _____ Date: _____

Print Name: _____

FOR SCHOOL USE ONLY

Form received by:	
Date received:	
Medication checked and stored:	☐ Yes
Details entered on Arbor MIS:	☐ Yes
Lead Medical Administrator notified:	☐ Yes
Individual Healthcare Plan required:	☐ Yes ☐ No
Staff training required:	☐ Yes ☐ No
Additional notes:	

School staff signature: _____

Date: _____

How to Use This Form

For Parents/Carers:

1. **Complete all relevant sections** - ensure all medication details are accurate.
2. **Attach a copy of the prescription** if available (optional but helpful).
3. **Deliver medication in person** to the school Reception.
4. **Speak to the Lead Medical Administrator** if your child has a chronic condition requiring an Individual Healthcare Plan.
5. **Update the form** whenever there are changes to medication or dosage.

For School Staff:

1. **Check the medication** matches the details on the form (name, dosage, expiry date).
2. **Store medication appropriately** in the locked cabinet in the Medical Room.
3. **Enter details on Arbor MIS** to maintain accurate records.
4. **Notify the Lead Medical Administrator** of any new medications, especially for chronic conditions.
5. **File the form securely** in accordance with the Records Management Policy
6. **Set a reminder** for medication expiry dates and end dates for short-term medication
7. **Contact parents** when medication needs to be collected or has expired

Important Reminders:

- **Chronic conditions** (e.g., epilepsy, diabetes, severe allergies) require an Individual Healthcare Plan - please contact the Lead Medical Administrator
- **Emergency medication** (e.g., EpiPens, asthma inhalers) may be carried by pupils as per their IHP.
- **Schedule 19 medications** require specially trained staff - additional training will be arranged if needed.
- **All medication** must be in its original packaging with pharmacy labels intact.

If you have any questions about this form or your child's medication needs, please contact:

Lead Medical Administrator
Fernwood School
Telephone: 0115 9286326
Email: h.kirkland@fernwood.school

Appendix D: Staff Training Record – Administration of Medication

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:

Appendix E: Conditions That Require an IHP

Conditions That Require an Individual Healthcare Plan

There is no definitive list, but the decision should be based on whether the condition:

- Requires medication during the school day.
- Requires monitoring or specific care procedures.
- Could result in an emergency.
- Affects the pupil's ability to participate fully in school activities.
- Requires staff to take specific action.

1. Life-Threatening or Potentially Life-Threatening Conditions

- **Severe Allergies (Anaphylaxis):** Food allergies (nuts, eggs, milk, fish, shellfish, etc.); Insect sting allergies; Latex allergy; Drug allergies; Any allergy requiring an EpiPen / adrenaline auto-injector (AAI).
  Why: Anaphylaxis can be fatal within minutes. Staff must know how to recognise symptoms and administer emergency medication.
- **Asthma (Severe or Poorly Controlled):** Pupils who have been hospitalised for asthma; Pupils who require daily preventer medication; Pupils with exercise-induced asthma; Pupils who have had severe asthma attacks.
  Why: Asthma attacks can be life-threatening. Staff need to know triggers, how to recognise an attack, and emergency procedures.
- **Epilepsy**
  Why: Seizures can be dangerous, and prolonged seizures (status epilepticus) are medical emergencies. Staff need to know seizure first aid and when to call 999.
- **Diabetes (Type 1 and Type 2):** All pupils with diabetes requiring insulin; Pupils requiring blood glucose monitoring; Pupils at risk of hypoglycaemia (low blood sugar).
  Why: Both high and low blood sugar can be dangerous. Staff need to recognise symptoms, know how to test blood glucose, and provide appropriate treatment.
- **Cardiac Conditions:** Congenital heart defects; Arrhythmias; Cardiomyopathy; Any condition requiring medication or activity restriction.
  Why: Cardiac emergencies can be fatal. Staff need to know warning signs and emergency procedures.

2. Conditions Requiring Regular Medication or Monitoring

- **Attention Deficit Hyperactivity Disorder (ADHD):** If requiring medication during school hours.
  Why: Medication timing is critical, and staff need to understand the condition and appropriate support strategies.

- **Mental Health Conditions:** Severe anxiety disorders; Depression; Obsessive-Compulsive Disorder (OCD); Eating disorders; Self-harm behaviours; Suicidal ideation.
  Why: Staff need to recognise warning signs, know how to support the pupil, and understand when to escalate concerns.
- **Chronic Pain Conditions:** Juvenile arthritis; Fibromyalgia; Chronic fatigue syndrome (ME/CFS); Migraines (severe / frequent).
  Why: These conditions may require medication, rest breaks, activity modifications, and understanding from staff.
- **Gastrointestinal Conditions:** Crohn's disease; Ulcerative colitis; Coeliac disease (severe); Irritable Bowel Syndrome (IBS) (severe).
  Why: May require urgent toilet access, dietary accommodations, medication, and understanding of symptoms.
- **Cystic Fibrosis**
  Why: Requires physiotherapy, enzyme supplements with meals, understanding of infection control, and activity modifications.
- **Sickle Cell Disease**
  Why: Pupils may experience pain crises requiring medication and rest. Staff need to recognise signs of crisis and know emergency procedures.

3. Conditions Affecting Physical Ability or Mobility

- **Cerebral Palsy**
  Why: Staff need to understand the pupil's specific needs, how to assist safely, and emergency procedures if applicable.
- **Muscular Dystrophy**
  Why: Progressive condition requiring ongoing adjustments to support, equipment, and emergency planning.
- **Spina Bifida**
  Why: May require intimate care procedures that must be documented and conducted by trained staff.

4. Conditions Requiring Emergency Procedures

- **Severe Eczema:** If requiring regular medication or at risk of infection.
  Why: May require medication administration and understanding of triggers.
- **Haemophilia or Other Bleeding Disorders**
  Why: Any injury could be serious. Staff need to know how to respond and when to seek emergency help.
- **Addison's Disease**

- **Tourette Syndrome:** If requiring medication
  Why: Staff and pupils need to understand the condition, and strategies may be needed to support the pupil.

5. Conditions Requiring Dietary Management

- **Severe Food Allergies** (see anaphylaxis above)
- **Coeliac Disease:** If severe or newly diagnosed.
  Why: Strict gluten-free diet required. Catering team and staff supervising meals need to be aware.
- **Diabetes** (see above)

6. Conditions Affecting Participation in Activities

- **Exercise-Induced Conditions:** Exercise-induced asthma; Cardiac conditions limiting exercise; Postural Orthostatic Tachycardia Syndrome (POTS).
  Why: PE staff need to know limitations and warning signs.

Conditions That May Require an Individual Healthcare Plan

Consider an IHP if:

- The condition requires medication during school hours.
- The pupil has been hospitalised for the condition.
- The condition significantly affects school attendance or participation.
- Medical professionals recommend an IHP.
- The condition is unpredictable or could worsen suddenly.

Examples:

Mild Asthma (Well-Controlled)

- May not need full IHP if only using reliever inhaler occasionally.
- Should still be documented in school records.
- Consider IHP if asthma worsens or affects PE participation.

Hay Fever

- May require IHP if severe and requiring daily medication during school.

Mild Eczema

- May require IHP if requiring regular medication or affecting participation.

Anxiety (Mild)

- Should have IHP if affecting attendance, requiring medication, or needing specific support strategies.

Migraines (Occasional)

Should have IHP if frequent, severe, or requiring medication during school.