



East Midlands Academy Trust

Supporting Pupils with Medical Conditions & Administering Medication Policy

'Every pupil deserves to be the best they can be'



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Revision History

Revision Date	Revisor	Description of Revision
August 2026 v7.1	S Lees / Head of Inclusion / T Team	Update references to the use of Smartlog rather than paper records Addition of section 8a Controlled Drugs.
February 2026 v7	Thompson Team / J Nimmo	Annual policy review – no significant changes
February 2025 v6	Thompson Team	Updated to reflect administration and recording of prescription medication across academies.
July 2024 V5	R Ryan	Small changes to ensure consistency of wording etc.
October 2023 v4		Updated to incorporate administering of medication and to allow for individual academy context.
June 2022 –	M Juan	Policy review – No Changes

V3		
July 2021 v2	M Juan	Policy review – No Changes
July 2020 – v1	M Juan	New EMAT Supporting Pupils with Medical Conditions policy issued to all academies

CONTENTS

1. Introduction	6
2. Scope	6
3. Roles and Responsibilities.....	7
i. Responsible Person	7
ii. The Local Advisory Board (LAB)	7
iii. The Headteacher	8
iv. Staff	8
v. Parents/Carers.....	9
vi. Pupils.....	9
4. Administering Medicines	9
i. Short term medical needs	9
ii. Long term medical needs	10
5. Individual Healthcare Plans (IHPs)	11
6. Personal Emergency Evacuation Plans.....	11
7. Storage of Medicines	11
8. Administering Medication to Pupils.....	12
8a Controlled Drugs.....	14
9. Pupils with Asthma	17
10. Emergency Asthma Inhaler.....	17
11. Pupils with Allergies.....	18
12. Emergency Adrenaline Auto-injector Devices (EpiPen).....	18
13. Training	19
14. Action in Emergencies.....	20
15. Activities Beyond the Usual Curriculum.....	20
16. Unacceptable Practice	20
17. Complaints.....	21
18. Equality Impact Statement	21
Appendix A – Process for Developing an Individual Healthcare Plan	22

Appendix B - Individual Healthcare Plan.....	23
Appendix C - Parental Agreement Form.....	26
Appendix D - Daily Record of Medicine Administered to all Pupils.....	29
Appendix E - Contacting Emergency Services.....	30
Appendix F – Parent/Carer Consent Form: Use of the Emergency Asthma Inhaler	31
Appendix G - Parent/Carer Consent Form: Use of the Emergency Adrenaline Auto-Injector	32
Appendix H – Personal Emergency Evacuation Plan (PEEP)	33

EMAT Supporting Pupils with Medical Conditions & Administering of Medication Policy

1. Introduction

Within Naseby CofE academy we aim to work with families and medical professionals to support pupils who may have a continuing or short term medical need.

- The Pupils and Families Act 2014 places a duty on governing bodies of academies to make arrangements to support pupils with medical conditions.
- Where pupils have a disability, the requirements of the Equality Act 2010 will also apply. Where pupils have an identified special educational need, the SEND Code of Practice alongside the Children and Families Act 2014 will also apply.
- All pupils have a right to access a full time curriculum, or what is suitable for an individual to access on a case by case basis adapted to medical needs. Pupils will receive on-going support, medicines or care that are required at the academy to help individuals manage their condition and keep them well.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- Naseby CofE academy will build relationships with health and social care professionals, pupils, parents/carers and other agencies and fully consider their advice and views in order to understand and effectively support pupils with medical conditions.
- We promote an inclusive community that welcomes and supports pupils with medical conditions.
- We provide the same opportunities for all pupils, regardless of whether they have a medical condition.
- Where possible, we will support the reintegration of pupils with medical conditions to ensure they fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences will also be effectively managed and appropriate support put in place to limit the impact on the pupil's educational attainment and emotional and general wellbeing. Pupils will not be penalised for their attendance if their absences relate to their medical condition.

2. Scope

The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported in our academies so that they can play a full and active role in academy life, remain healthy and achieve their academic potential. It also aims to ensure that parents/carers feel confident that Naseby CofE academy will provide effective support for their child's medical condition and that pupils feel safe.



This policy covers all pupils with an identified medical condition which could have an impact on their ability to access education. A condition does not have to have been formally diagnosed for our academies to put support measures in place. The policy does not cover short-term illnesses, such as sickness bugs, chest infections or coughs and colds, unless these are related to long term underlying conditions.

3. Roles and Responsibilities

Supporting a pupil with a medical condition during academy hours is not the sole responsibility of one person. Partnership working between staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, parents/carers and pupils will be critical. In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred to a governor, headteacher, committee or other member of staff as appropriate. However, while Naseby CofE academy has identified a named person who has responsibility for overseeing, the governing body remains legally responsible and accountable for each academy/the academy fulfilling its statutory duty.

i. Responsible Person

The person responsible for pupils with medical conditions is at the discretion of the headteacher but must be a member of staff with an appropriate level of responsibility to lead on the duties outlined below.

The named person is **Steven Wareham**

This person is responsible for:

- informing relevant staff of pupils' medical conditions.
- arranging necessary training for identified staff and ensuring this is up to date.
- ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, take the lead in communicating this information.
- assisting with risk assessment for academy visits and other activities outside the normal timetable.
- developing, monitoring and reviewing Individual Healthcare Plans (IHPs).
- working together with parents/carers, pupils, healthcare professionals and other agencies.
- maintaining effective communication with parents/carers including informing them if their pupil has been unwell at the academy.

ii. The Local Advisory Board (LAB)

The LAB is responsible for ensuring that

- arrangements are in place to support pupils with medical conditions. In doing so, it should ensure that such pupils can access and enjoy the same opportunities at the academy as any other pupils.
- a policy for supporting pupils with medical conditions is developed and implemented.
- staff are properly trained and have the appropriate information and materials to provide support that pupils need.
- focusing is given to the needs of each individual pupil and how their medical condition impacts on their life within the academy.

iii. The Headteacher

The Headteacher is responsible for:

- ensuring that the academy's policy is developed and effectively implemented with partners.
- overseeing the management and provision of support for pupils with medical conditions.
- ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- ensuring that all relevant staff are aware of a pupil's medical condition.
- ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans (IHP), including to cover absence and staff turnover.
- ensuring that academy staff are appropriately insured and are aware that they are insured.

iv. Staff

Staff are responsible for:

- providing support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- being aware of the potential triggers, signs and symptoms of common medical conditions and knowing what to do in an emergency.
- the day-to-day management of the medical conditions of pupils they work with, in line with training received and as set out in IHPs.
- ensuring pupils who have been unwell catch up on missed academy work and are given extra help when necessary.
- working with the named person to ensure specific arrangements are in place and risk assessments are carried out for academy visits and other activities outside the normal academy timetable.
- being aware of the potential social problems that pupils with medical conditions may experience and use this knowledge to help prevent and deal with any problems. Using opportunities such as PSHE and science lessons to, where relevant, raise awareness of medical conditions to help promote a positive environment.

Although administering medicines is not part of a teacher's or support staff's professional duties unless a contractual duty, they should take into account the needs of pupils with medical conditions that they teach.

v. Parents/Carers

Parents /carers are responsible for:

- developing and reviewing their child's healthcare plan where needed and supporting and carrying out any agreed actions.
- ensuring that medication is reordered, replenished, and brought into school for pupils with an IHP who are administered medication on site.
- providing Naseby CofE academy with sufficient and up-to-date information about the pupil's medical needs.
- ensuring contact lists are kept up-to-date.

vi. Pupils

Where appropriate, pupils are responsible for:

- providing information about how their medical condition affects them.
- ensuring they are fully involved in discussions about their medical needs and contributing as much as possible to the development of, and compliance with, their individual healthcare plan (IHP).

4. Administering Medicines

Naseby CofE academy will only administer medicines when it would be detrimental to a pupil's health or academy attendance not to do so. Where it is possible to do so safely and effectively, medication should be administered outside academy hours.

Unless there is an exceptional reason such as a medical directive, non-prescription / non-controlled medication such as paracetamol, Calpol or antihistamine will not be administered in the academy. For such circumstances, a Parental Agreement Form must be completed.

Written consent from parents/carers must be received using the Parental Agreement Form (Appendix C) before any medicine can be administered to a pupil at the academy.

i. Short term medical needs

If a pupil has a short term medical need that impacts on their mobility or causes concerns about their safety in Naseby CofE academy, for example a broken arm or an injury requiring the temporary use of crutches, a risk assessment must be completed in consultation with parents/carers and, where necessary health professionals, to ensure firstly the safety of the pupil in the academy alongside any access arrangement planning to individual learning that is required e.g. classroom adaptations or seating being changed accommodate a temporary injury. If needed, this risk assessment should include a Personal

Emergency Evacuation Plan (PEEP). This can be completed on SmartLog or on paper using the proforma in Appendix H.

If a parent/carer wishes to request the academy to administer a short term medication, they must fully complete a Parental Agreement Form (Appendix C).

The named person or the Headteacher will confirm with parents/carers whether the school will or will not agree to the request.

If the academy agrees to administer the medicine, prior to any medication being stored in the academy, the member of staff taking the medication into the academy will ensure and record that:

- The medication is provided in the original container as dispensed by a pharmacist and includes the pupil's full name and instructions for administration, dosage and storage. ¹
- The Parental Agreement Form (Appendix C) is completed in full and signed by the parent/carer.
- The details on the Parental Agreement Form (Appendix C) match exactly all details on the dispensing label of the medication.

The medication should then be stored appropriately in the medical room or the locked first aid cupboard/fridge as appropriate (see section on storage of medication) along with the Parental Agreement Form (Appendix C)². The pupil's name and medication details must be added to Smartlog or the Daily Record of Medicine Administered to all Pupils Form (Appendix D). The first two columns of this form must be updated daily to reflect all pupils needing medication on that day and completed as medication is administered. Additional sheets should be completed where needed.

Only staff who have completed the Administering Medicine course can administer medicines to pupils. Holding a first aid certificate does not suffice the administration of medication.

Once a course of treatment has been completed, the medication will be returned to the parent/carer at the earliest opportunity and no later than 5 days after the course of treatment has finished. If the parent/carer does not collect the medication within this time, it will be disposed of by the local pharmacy. The Parental Agreement Form will be added to the pupil's file.

ii. Long term medical needs

The named person will liaise with parents/carers, all relevant individuals, the individual pupil, health professionals and other agencies to decide on the support to be provided to the pupil and an IHP will be drawn up to reflect the support required (see Appendix A for outline of the process for developing IHPs).

¹ The exception to this is insulin, which must still be in date, but will generally be available to academies inside an insulin pen or a pump, rather than in its original container

² The exception to this is asthma inhalers and EpiPens which should be stored in an appropriate location easily accessible when required.

5. Individual Healthcare Plans (IHPs)

An IHP (see Appendices A and B) will be written for ALL pupils with a long-term medical condition. The IHP may be initiated, in consultation with parents/carers, by the academy or a healthcare professional involved in providing care to the pupil. Where agreement cannot be reached on the need for an IHP, the Head of Academy and/or executive headteacher will take a final view. Where appropriate, the pupil will be involved in compiling the plan.

Points regarding IHPs:

- The IHP will clarify what needs to be done, when and by whom and include information about the pupil's condition, special requirements, medicines required, what constitutes an emergency and actions to take in the case of an emergency.
- Where a pupil has SEND but does not have a statement or Education, Health and Care (EHC) plan, their special educational needs will be referred to in the IHP.
- IHPs will be reviewed annually, or earlier if evidence is provided that a pupil's needs have changed.
- IHPs will include information on the impact any health condition may have on a pupil's learning, behaviour or classroom performance.
- IHPs will accompany a pupil should they need to attend hospital or if emergency care is administered on site. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

The academy will maintain a centralised register of IHPs, and the named person has the responsibility for ensuring this register is accurate and up to date. Pupil confidentiality will be maintained and permission from parents/carers will be sought before sharing any medical information with any other party.

6. Personal Emergency Evacuation Plans

Where a pupil has a long or short term medical condition/need that impacts their ability to respond to an emergency evacuation, a Personal Emergency Evacuation Plan (PEEP) will be written. This should be written in consultation with the pupil, parent/carer, the site team and, if required, healthcare professionals.

PEEPs will be completed on SmartLog or using Appendix H and will be made available to all staff.

All pupils requiring a PEEP will be informed of what will happen in the event of an emergency evacuation and, where appropriate, will be walked through the process.

7. Storage of Medicines

All agreed medicines held by the academy must be stored securely to prevent misuse. Storage must be secure and locked immediately when not in use and keys held by agreed designated persons only. However, this must be balanced against the need for some medicines to be immediately available in



the vicinity of the student. Therefore, asthma inhalers and EpiPens will be kept securely in the classroom and administered by staff as agreed and required (see section on asthma inhalers and EpiPens, including pupils who take responsibility for their own medication).

The smallest amount of medication required will be held in the academy. Large volumes of medicines will not be stored. It is the responsibility of parents/carers to ensure provided medication is up to date and available.

Medicines will be stored in accordance with product instruction, paying attention to temperature requirements and expiry dates.

Once a course of treatment has been completed, the medication will be returned to the parent/carer at the earliest opportunity and no longer than 5 academy days after the treatment has finished. If the parent/carer does not collect the medication within this time, it will be disposed of by the local pharmacy.

Medication must be checked regularly (Termly as a minimum) and any out-of-date medication will be returned to the parent/carer at the earliest opportunity. If the parent/carer does not collect the medication, it will be disposed of by the local pharmacy.

Where a medicine is classified as a Controlled Drug, additional requirements relating to storage, recording, stock reconciliation and audit will apply as detailed in Section 8A – Controlled Drugs.

Adults requiring Medication in academy

Adults requiring medication in the academy are responsible for the safe and secure storage of their medication. Medication must be kept out of the reach of pupils at all times. Adults requiring assistance with their medication should seek the advice of the named person.

8. Administering Medication to Pupils

Naseby CofE academy understands the importance of medication being administered in accordance with agreed arrangements detailed in the Parental Agreement Form (Appendix C) and/or in the pupil's IHP and will ensure more than one member of staff is trained to administer the medication and meet the care needs of an individual pupil. Naseby CofE academy will ensure a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays. If it is not possible to do this for some reason, Naseby CofE academy will liaise with the parent/carer.

As stated above, written consent from parents/carers must be received using the Parental Agreement Form (Appendix C) before any medicine can be administered to a pupil at the academy.

- Medicines will only be accepted for administration if they are:
 - Prescribed.
 - In-date.

- Labelled, including a pupil's full name.
 - Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.¹
- Medicines must be stored appropriately in the medical room or the locked first aid cupboard/fridge as appropriate along with the Parental Agreement Form (Appendix C) ³.
- Pupils should know where their medicines are kept at all times.
- Written records will be kept of all medicines administered to pupils using the Daily Record of Medicine Administered to all Pupils Form (Appendix D).
- Pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers, may be allowed to carry their own medicines and relevant devices or will be allowed to access their medicines for self-medication. Where it is not appropriate for a pupil to self-manage, they will be assisted.
- All medication administered by a member of staff must be witnessed by a second member of staff who must 'second sign' to verify that they have been present and agree that the correct medication and dosage was administered to the presented pupil. By signing, the second staff member agrees that all procedures were followed.
- Medication should be administered to a pupil in a discreet area such as medical room or school office, to maintain privacy and confidentiality.
- Any designated member of staff giving medicines to a pupil, AND the member of staff second signing to witness the administering of medication to a pupil must check prior to administering ANY medication that:
 - the pupil's full name matches the full name on the medication label
 - both staff must check thoroughly and concur that the presented pupil is the individual named on the medication label
 - the name of the medication
 - prescribed dose
 - expiry date
 - written instructions provided by the prescriber on the label or container
 - any previous records of medication administered to the pupil on that day.

Full details of all medication administered must be recorded immediately after administering the medication on the Daily Record of Medicine Administered to all Pupils Form (Appendix D).

If a pupil:

³ The exception to this is asthma inhalers and EpiPens which should be stored in an appropriate location easily accessible when required or where the pupils is allowed to carry their own medicines and relevant devices.

- refuses to take their medication this should be recorded on the Daily Record of Medicine Administered to all Pupils Form (Appendix D) and the pupil's parent/carer will be contacted to have knowledge of the refusal and to administer the medication or follow medical guidance in line with the distribution leaflet.
- spits out their medication, the pupil's parent/carer will be contacted and informed of this occurrence; the medication MUST NOT be readministered.
- misuses their medication, or anyone else's, the pupil's parent/carer will be informed as soon as possible, and the academy's behaviour procedures will be followed where relevant.

8a. Controlled Drugs

Definition

Controlled Drugs (CDs) are medicines that are subject to additional legal controls due to their potential for misuse, abuse, dependency or diversion. Pupils within the academy may be prescribed controlled drugs as part of the management of conditions such as ADHD, epilepsy, chronic pain or other medical conditions.

Examples of controlled drugs commonly encountered in educational settings include methylphenidate (Ritalin, Concerta XL), lisdexamfetamine (Elvanse) and dexamfetamine prescribed for Attention Deficit Hyperactivity Disorder (ADHD).

Controlled drugs will be managed in accordance with current legislation, professional guidance and this policy.

Receipt of Controlled Drugs

When a controlled drug is brought into the academy:

- The medication must be received directly from the parent/carer whenever possible.
- The medicine must be supplied in the original dispensed container with the pupil's name, dosage instructions and dispensing details clearly displayed.
- The quantity of medication received must be checked and recorded.
- A record must be made of:
 - pupil name;
 - drug name, strength and formulation;
 - quantity received;
 - date received; and
 - name and signature of the member of staff receiving the medication.
- Any discrepancies between the medication supplied and prescription instructions must be clarified before acceptance.

Storage of Controlled Drugs

In addition to the requirements outlined in Section 7:

- Controlled drugs must be stored securely within the academy's locked medicines storage arrangements. Where practicable, controlled drugs should be held within a separate locked compartment or container with restricted access.
- Access must be limited to authorised members of staff who have completed academy medication training.
- Keys or access arrangements must be held securely and only accessible to authorised personnel.
- Controlled drugs must never be left unattended or accessible to pupils unless self-administration has been formally agreed and documented within an Individual Healthcare Plan (IHP).

Administration of Controlled Drugs

Controlled drugs will only be administered by staff who have completed approved medication administration training.

Before administration, two authorised members of staff must confirm:

- the correct pupil;
- the correct medicine;
- the prescribed dose;
- the prescribed time;
- the route of administration; and
- the quantity recorded as held in stock.

The amount remaining following administration should be checked where practical and recorded.

Immediately following administration:

- Administration must be recorded on the Daily Record of Medicine Administered to all Pupils Form (Appendix D).
- The remaining balance of medication must also be recorded on the Controlled Drug Record.

Controlled Drug Register



A separate Controlled Drug Register should be maintained for each pupil prescribed a controlled drug. The register should include:

- Date received.
- Quantity received.
- Quantity administered.
- Running balance.
- Date and time of administration.
- Signatures of the administering staff member and witness.
- Details of any medication returned to parents/carers or pharmacy.

The running balance must always correspond with the quantity physically held in storage.

Stock Checks

The balance of any controlled drug must be checked and reconciled whenever stock is received, administered, returned to parents/carers or disposed of. Formal stock audits should be undertaken at least monthly by the Responsible Person or nominated senior leader.

Missing Controlled Drugs or Discrepancies

Any suspected loss, theft, tampering, unexplained discrepancy or administration error involving a controlled drug must be reported immediately to the Headteacher and recorded through the academy's incident reporting procedures. Parents/carers and relevant healthcare professionals will also be informed as appropriate.

Return and Disposal

When controlled drugs are: expired; discontinued; no longer required; or belong to a pupil who has left the academy, they should be returned directly to the parent/carer at the earliest opportunity for safe disposal via a community pharmacy.

The academy will maintain a record of:

- medicines returned;
- quantities returned;
- date of return; and
- signatures of the staff member and parent/carer.

- Controlled drugs must not be disposed of in general waste.

Training

Staff involved in handling controlled drugs must:

- complete academy medication administration training;
- receive additional briefing on the management of controlled drugs;
- understand storage, recording and reporting requirements; and
- be assessed as competent before undertaking responsibility for controlled drugs.
- receive refresher training in line with the academy's medication training programme or sooner if changes in legislation, guidance or practice occur.

9. Pupils with Asthma

- Pupils who have inhalers should have them available where necessary.
- Inhalers are kept in a safe, accessible place, usually within the classroom. In line with individual needs an individual IHPs; it may be appropriate for pupils in Key Stage two to take responsibility for and administer their own inhaler.
- For pupils who require administration of an inhaler; each inhaler will be stored in an individual wallet, labelled with the pupil's full name. The wallet must contain the pupil's inhaler and the Parental Agreement Form (Appendix C). Each class will have a Daily Record of Medicine Administered to all Pupils Form (Appendix D). The member of staff supporting a pupil to administer their asthma inhaler and the staff witness will complete the daily record of medicine administered to all pupils' form (Appendix D) when an asthma inhaler is administered to a pupil. They should follow the steps in line with the administration of all medication outlined in this policy.
- If necessary, inhalers should be taken to physical activities. The class Daily Record of Medicine Administered to all Pupils Form (Appendix D) must be completed at the earliest possible time when it is safe to do so if pupils are being educated in an outside setting.
- It is the responsibility of parents/carers to regularly check the condition of inhalers and ensure that they are in working order and have not run out or expired.

10. Emergency Asthma Inhaler

- From 1st October 2014 the Human Medicines Regulations 2014 has allowed schools to purchase salbutamol inhalers, without a prescription, for use in emergencies. The inhaler should be used if the child's prescribed inhaler is not available, is broken or empty.
- Schools should purchase inhalers and spacers from a pharmacy. A supplier will need a request signed by the head teacher on headed paper stating:
- the name of the school for which the product is required,

- the purpose for which the product is required; and
- total quantity required.
- Academies'/The academy's spare asthma inhaler should only be used for pupils known to have asthma and for whom authorisation and written parental consent has been given (See Appendix F).
- Emergency salbutamol inhalers should be kept separate from pupils' other medicines. They must be kept in a clearly labelled emergency inhaler kit to ensure clarity. To avoid possible risk of cross-infection, the plastic spacer and emergency inhaler should not be reused. Used inhalers are returned to the pharmacy to be recycled, rather than being thrown away.

11. Pupils with Allergies

- Pupils who have severe allergies and need adrenaline auto-injector devices (EpiPen) medication will have their medication, on their person (dependent on age and if appropriate) or / and close to hand at all times.
- For pupils who require EpiPens, two should always be accessible at any given time and both should be kept close to the pupil at all times.
- EpiPens will be the responsibility of the teacher/-Inclusion Support Practitioner within their classroom. Designated staff will take the medication into the playground at break times and lunchtimes.
- All staff will be made aware of the identity of pupils who suffer from anaphylaxis.

12. Emergency Adrenaline Auto-injector Devices (EpiPen)

- From 1 October 2017, regulations allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis, but their own device is not available or not working (e.g. because it is broken, or out-of-date).
- Naseby CofE academy's spare EpiPen should only be administered to pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare EpiPen has been provided (See Appendix G). The academy's spare EpiPen can be administered to a pupil whose own prescribed EpiPen cannot be administered correctly without delay.
- Naseby CofE academy will purchase their EpiPen from a local pharmacy, and can do so without a prescription. A supplier will need a request signed by the principal or head teacher on appropriate headed paper stating:
 - the name of the school for which the product is required;
 - the purpose for which that product is required, and
 - the total quantity required.
- The spare EpiPen should be stored as part of an emergency anaphylaxis kit which should include:

- One or more EpiPen(s).
- Instructions on how to use the device(s).
- Instructions on storage of the device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- Once an EpiPen has been used it must not be reused and must be disposed of according to manufacturer's guidelines.

13. Training

Academy staff will receive appropriate training and support in carrying out their role to support pupils with a medical condition and be able to confidently handle and administer medication.

Training includes:

- Basic First Aid
- Paediatric First Aid
- Administering medication to pupils training
- EpiPen training
- Asthma Inhaler training
- Fire drill and evacuation procedures including writing a PEEP
- As required, specific training that may be needed for individual pupil's medical needs
- Reporting medical related matters on smartlog and other databases
- Where relevant, training needs will be identified during the development or review of individual healthcare plans (IHPs) and an appropriate healthcare professional will lead or support Naseby CofE academy with identifying and agreeing the type and level of training required, and how this can be obtained.
- Naseby CofE academy will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHPs.
- Staff will NOT administer prescription medicines or undertake healthcare procedures without appropriate training. A first aid certificate does not constitute appropriate training in supporting pupils with medical conditions. A record of specialised staff training will be kept in the academy.
- Training will be refreshed at least every two years. All staff understand and are trained in the academy's general emergency procedures.

14. Action in Emergencies

A copy of this information will be displayed in the Naseby CofE academy office (See appendix E).

Request an ambulance: dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

- The academy's telephone number **01604 740540**
- Your name
- Your location: **Naseby CofE Academy, School Lane, Naseby, NN6 6BZ**
- Provide the exact location of the patient within the academy
- Provide the name of the pupil and a brief description of their symptoms
- Inform ambulance control of the best entrance to use **Front Entrance**
- Ask office staff to contact premises manager to open relevant gates for entry.
- Contact the parents/carers to inform them of the situation.

A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the pupil in the ambulance.

Reference should be made to a pupil's IHP, which will clearly define what constitutes an emergency and explain what to do.

15. Activities Beyond the Usual Curriculum

- Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.
- An assessment will be made as to whether a risk assessment is required. When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate.
- The academy will ensure that pupils have the appropriate medication/equipment/food with them during physical activities, residential visits, day trips and other activities beyond the usual curriculum. Where required, trained staff will accompany pupils on activities beyond the usual curriculum.

16. Unacceptable Practice

The following items are not generally acceptable practice with regard to pupils with medical conditions, although the academy will use discretion to respond to each individual case in the most appropriate manner:

- Preventing pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that every pupil with the same condition requires the same treatment.
- Ignoring the views of the pupil or their parents/carers, or ignoring medical evidence or opinion, (although this may be challenged).
- Sending pupils with medical conditions home frequently or preventing them from staying for normal academy activities, including lunch, unless this is specified in their IHPs.
- If the pupil becomes ill, sending them to the academy office or medical room unaccompanied or with someone unsuitable.
- Penalising pupils for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

17. Complaints

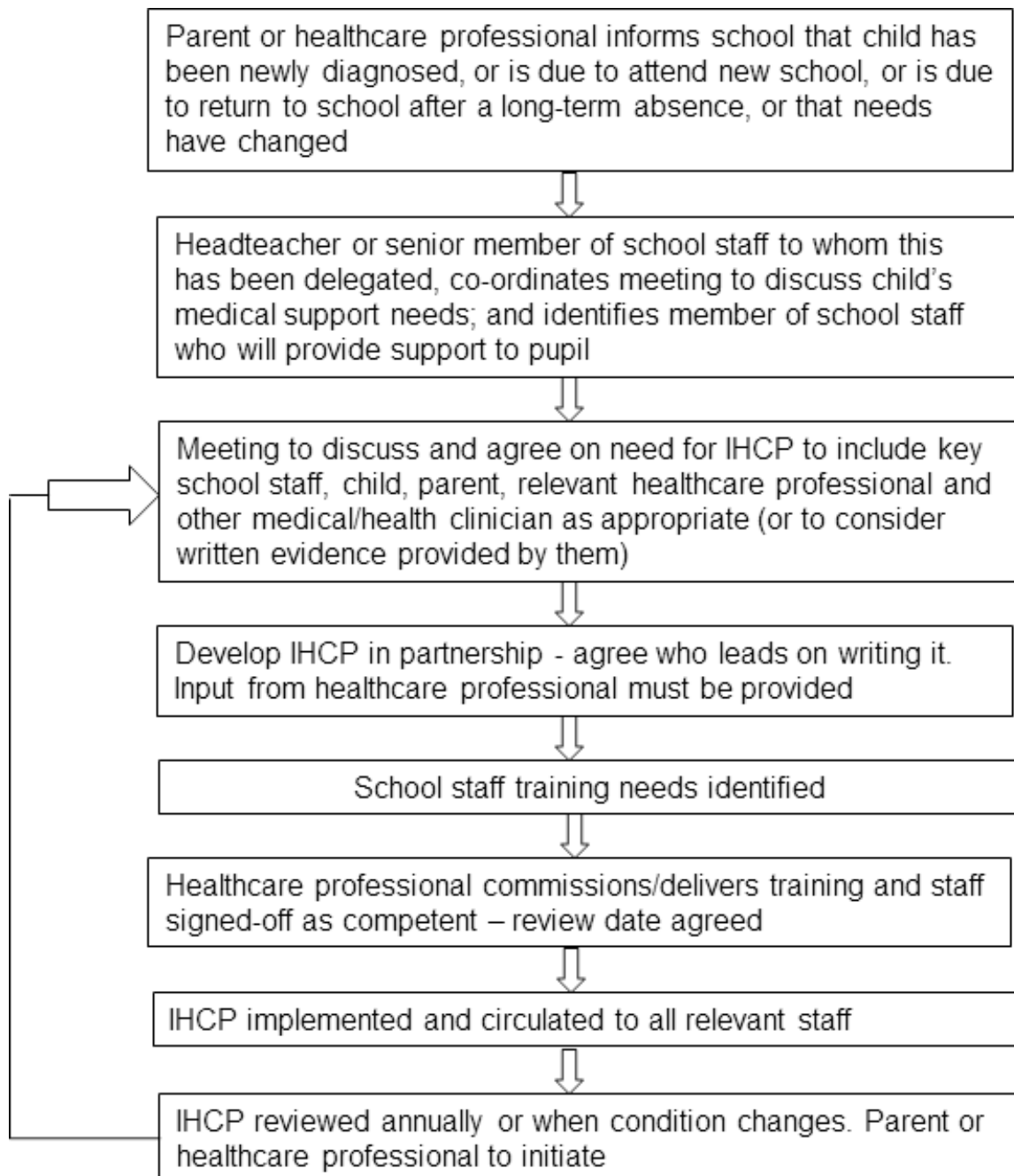
An individual wishing to make a complaint regarding the academy's actions in supporting a pupil with medical conditions should discuss this with the academy in the first instance.

If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in East Midlands Academy Trust's Complaints Policy.

18. Equality Impact Statement

East Midlands Academy Trust will do all it can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We will use an appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

Appendix A – Process for Developing an Individual Healthcare Plan



Appendix B - Individual Healthcare Plan

PUPIL INFORMATION

Name of academy/setting:	
Pupil's name:	
Group/class/form:	
Date of birth:	
Pupil's address:	
Medical diagnosis or condition:	
Date:	Review Date:

FAMILY CONTACT INFORMATION

Name:
Relationship to pupil:
Phone no:
Name:
Relationship to pupil:
Phone no:

CLINIC/HOSPITAL CONTACT

Name:	
Phone no:	
G.P. Name:	GP Address:

Who is responsible for providing support in the academy?
Describe medical needs and give details of pupil's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.:
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:
Daily care requirements:
Specific support for the pupil's educational, social and emotional needs:
Arrangements for academy visits/trips etc:

Other information:

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

Who is responsible in an emergency (*state if different for off-site activities*):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Sign and date:

Appendix C - Parental Agreement Form

The academy/setting will not administer your child a medicine unless you fully complete and sign this form.

Date for review to be initiated by:	
Name of academy/setting:	
Name of pupil:	
Date of birth:	Group/class/form:
Medical condition or illness:	

MEDICINE

Name/type of medicine (<i>as described on the container</i>):
Expiry date:
Dosage and method:
Timing:

Special precautions/other instructions:

Are there any side effects that the academy/setting needs to know about?

Self-administration? Yes / No

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

CONTACT DETAILS

Name:

Daytime telephone no:

Relationship to pupil:

Address:

I understand that I must deliver the medicine personally to:

.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy/setting staff administering medicine in accordance with the academy/setting policy. I will inform the academy/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/carer signature(s):

Date:

Pg 3 of 3

Appendix D - Daily Record of Medicine Administered to all Pupils

Name of academy/setting:	Date:
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Name of pupil	Name of medicine	Time	Dose given	Reason for medicine/Comment	Name of staff	Sign	Witness	Sign



Inclusion



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Appendix E - Contacting Emergency Services

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 academy's telephone number **01604 740540**
- Your name
- Your location:

Naseby CofE Academy

School Lane

Naseby

Northamptonshire, NN6 6BZ

- Provide the exact location of the patient within the academy
- Provide the name of the pupil and a brief description of their symptoms
- Inform ambulance control of the best entrance to use:
Front Entrance
- Provide the name of the pupil (or patient), their date of birth and
- Provide a brief description of their symptoms and any health conditions we know of.
- Be ready to supply ambulance control with any further information they may need.

- Ask office staff to contact premises manager to open relevant gates for entry.
- Office staff to ensure someone is at the entrance to meet the ambulance when it arrives and escort the ambulance crew to the pupil



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- Where relevant, reference should be made to a pupil's IHP, which will clearly define what constitutes an emergency and explain what to do.
- Contact the parents/carers to inform them of the situation.



Appendix F – Parent/Carer Consent Form: Use of the Emergency Asthma Inhaler

Pupil's full name:	
Class:	

1. I confirm that my pupil has been diagnosed with asthma and/or has been prescribed a salbutamol inhaler in the last 12 months for an episode of wheeze (delete as appropriate).
2. I confirm that my pupil has a working, in-date, salbutamol inhaler, clearly labelled with their name, which they will bring with them to academy every day OR there is a working, in-date, salbutamol inhaler stored for use in the academy.
3. I consent for my pupil to receive salbutamol from an emergency inhaler held by the academy in the event that my pupil shows symptoms of asthma or is having an asthma attack, and their inhaler is not available or is unusable.

Signed:

Date:

Name:

Parent /carer address:

Phone no.

Email:



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Appendix G - Parent/Carer Consent Form: Use of the Emergency Adrenaline Auto-Injector

CHILD'S FULL NAME:	
CHILDS' DATE OF BIRTH:	
AUTO-INJECTOR PRESCRIBED:	
CLASS:	

- 1) I can confirm that my child, named above, has been diagnosed with allergies and has been prescribed an adrenaline auto-injector by their GP.
- 2) I will ensure my child has two working, in date, adrenaline auto-injectors in school every day. They will be in their original box (as dispensed by the Pharmacist) and will be clearly labelled with my child's name.
- 3) In the event of my child displaying symptoms of anaphylaxis and their auto-injector being unavailable, or unusable, I consent for my child to receive adrenaline from the emergency adrenaline auto-injector held by the school for such emergencies. I note that this device may be different to their prescribed medication, but I am aware that all auto-injectors contain the same active ingredient (epinephrine).

SIGNED:

DATE:

NAME:

PARENT /CARER ADDRESS:

EMERGENCY PHONE NO.

EMAIL:



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Agreed by Individual (Date and Signature*): <i>* By signing the individual agrees that the information contained in the PEEP can be passed to those listed in the check list</i>	
Written Procedures Issued to Individual & Helper if appropriate (Date and by Whom):	
Training Provided for Individual & Helper if appropriate (Date and by Whom):	

Check List	✓
✓ PEEP agreed and exchanged with person concerned & Helper if appropriate: ✓ Copied to: ☐ The HSLO ☐ The Person concerned: ☐ The Line Manager (in the event of staff) ☐ The Fire Wardens ☐ The Business Manager	Name & Signature of Assessor:
	Signature of HSLO (Health & Safety Liaison Officer):
	Date of Assessment:
	Date for next review:

