



The Societas Trust

[Redacted] Primary Academy

Medical Conditions Policy

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Statement of intent

At [redacted] Primary Academy we place the needs of each individual child at the heart of their learning. This includes children with medical conditions.

The Governing Board 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.

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

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

The Children and Families Act 2014, from September 2014, and DfE (2021) Schools Admission Code, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the setting site. This could extend to a need administer medicine.

The setting accepts all employees have rights in relation to supporting pupils with medical conditions as follows:

- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of _____ any concern or matter relating to supporting pupils with medical conditions.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the setting with information. The setting takes advice and guidance from 'Supporting Pupils with Medical Conditions in School' (Department for Education) December 2015 provides guidance to schools in relation to medical conditions. Contact details for our School Nursing Service can be obtained from the main office. A copy of this policy is also available upon request.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the setting's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the setting'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.

We aim to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical conditions;
- provide necessary training for setting staff;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with Healthcare Professionals in support of the individual pupil;
- ensure access to full education if possible;
- monitor and keep appropriate records.

1. Legal framework

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

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

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Pupil Attendance Policy
- Admissions Policy

2. Definition

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

- a) Short-term:
affecting their participation in activities when they are on a course of medication (for example a short course of antibiotics);

- b) Long Term:
potentially limiting their access to education and requiring extra care and support (deemed **special medical conditions**).
Medication in particular circumstances, such as children with severe allergies who may need an emergency treatment such as adrenaline injection.
Daily medication for a condition such as asthma, where children may have the need for daily inhalers (and potentially additional assistance during an asthma attack).

3. Admissions

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

No child will be denied admission to the setting or prevented from taking up a 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 setting.

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

4. Roles and Responsibilities

The Societas Trust and its academies recognise that supporting a child with a medical condition during school hours is not the sole responsibility of one person and that partnership working between staff, healthcare professionals, parents and pupils to ensure that the needs of pupils with medical conditions are met effectively is essential.

The Headteacher/Head of School is responsible for ensuring that the needs of children with medical conditions are met. This includes,

- Ensuring overall effective implementation of the policy;
- Ensuring that staff are aware of the 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, including in emergency situations;
- ensuring that Individual Healthcare Plans are reviewed on an annual basis and that all relevant staff in the setting have copies of current Healthcare Plans;
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported;
- Ensuring that staff are appropriately insured and aware of the insurance arrangements;
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified;
- Responding to any concerns from parents or children.
- Liaising with Healthcare Professionals to ensure Healthcare Plans are relevant and accurate according to need.
- Providing support for staff on a day to basis and advice on the administration of medication in liaison with healthcare professionals, including the School Nursing Service.
- Monitoring the administration and storage of medication in the setting to check that policy is being followed.

Any member of staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines.

Staff will be responsible for:

- Being supportive of parents and children with any medical conditions in the setting;
- Familiarising themselves with the Individual Healthcare plan and ensure that it is followed;

- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions; (Training for Asthma, Anaphylaxis and Epilepsy is provided on a three yearly cycle. There may also be occasions though where the School Nursing Service will provide further training around a specific medical condition).
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help;
- Completing medical administration forms to identify medicines administered to children;
- Making reasonable adjustments where necessary, making it possible for children to participate in school life;
- Being encouraged to ask if there is any uncertainty around a child's medical condition;
- Checking expiry dates before the administration of any medication.

The setting can request to receive support from the School Nursing Service.

The School Nursing Service will be responsible for:

- Notifying the setting at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in the setting;
- Supporting staff to implement Individual Healthcare Plans and providing advice and training;
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

On occasions a Paediatrician, Consultant or other Healthcare Professional may contact the setting to provide advice around a child's Healthcare Plan.

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

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

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their Healthcare Plan, if they have one, where applicable.

Parents will be responsible for:

- providing the setting with sufficient and up-to-date information about their child's medical conditions. Parents may notify the setting that their child has a medical condition. Parents are a key partner and will be fully involved in the development and review of the child's Healthcare Plan;
- checking that their child's medication is in date and ensure that it is in the setting. For inhalers we suggest the children bring a spare inhaler so that this can be kept in the setting;
- carrying out any action that they have agreed to in the Healthcare Plan e.g., providing medicines and equipment.
- co-operating in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative. The administration of medicine will always be supervised though by an adult in setting;
- ensuring that they, or another nominated adult, are contactable at all times.

5. Arrangements for Briefing New Teachers, Including Supply Teachers

- When a new member of staff joins our setting, _____ will show the new member of staff where our medical records are kept. **These can be accessed on the Academy Server and** paper copies of Healthcare Plans are locked away in a secure filing cabinet.
- An assessment of training needs will be conducted before this person commences employment.
- **Staff are asked to keep a record of medical conditions for children in their class in their planning file and also in a separate information file. This is also available for supply teachers.**

6. Procedures for Healthcare Plans

At _____ Primary Academy all children may have medical conditions from time to time. When a child has a medical condition that is long term s/he will have an Individual Healthcare Plan.

- These are written in partnership with **pupils**, parents, staff and any outside agencies that are involved including Nurses or Doctors.
- They are reviewed on an annual basis, unless a child's needs change before this date. In this case a plan is reviewed as soon as a mutual date can be arranged for all stakeholders to meet and review it.
- Staff, Parents or an external professional may raise a request for a Healthcare Plan and in the first instance _____ will be informed and a subsequent meeting would be arranged to discuss the needs of the child.

- A Healthcare Plan is drawn up. Parents and the setting sign to say that they are happy with this. This would be checked by a School Nurse if the School Nursing Service are involved in the development of the Healthcare Plan.
- Staff are alerted to a new Healthcare Plan or a review, which may include a change.
- Any member of staff working with a child will need to read a new or reviewed/amended Healthcare plan.
- Staff will also be alerted to any associated risk assessment with the Healthcare Plan.

When a Healthcare Plan is created, the best interests of the child are central to this. At **Primary Academy** we try our best to ensure that all risks to a child's education, health and social wellbeing have been assessed, managed and that any disruptions are minimised.

The setting does 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 is made by the **headteacher** based on all available evidence (including medical evidence and consultation with parents/carers).

Individual Healthcare Plans will contain the following information:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (its side effects and storage) and other treatments; dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors.
- **Specific support for the pupil's educational, social and emotional needs – for example how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.**
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring and supervision.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
- Cover arrangements for when the named supporting staff member is unavailable.
- **Who in the setting needs to be aware of the child's condition and the support required.**
- Whether a child can self-manage their medication.
- Arrangements for obtaining written permission from parents/carers and the designated individuals for medicine to be administered by setting staff or self-administered by the pupil;

- Written permission from parents/Carers for medication to be administered by a member of staff, or self-administered by individual pupils during school hours with supervision.
- Separate arrangements or procedures required for trips or other activities outside of the normal timetable that will ensure the child can participate e.g. risk assessment.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact and contingency arrangements.

The flow chart (in Appendix A) outlines how our setting identifies and agrees the support that a child may need when developing a Healthcare Plan.

For some children with a disability which is not a Special Educational Need i.e. a wheelchair user, the above plans will also be put into place to ensure that the building and the curriculum is still accessible.

7. Emergency Healthcare Plans

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the Individual Healthcare Plan in the setting.

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

Where a pupil has an EHC plan, the Individual Healthcare Plan 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 Individual Healthcare Plan.

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

8. Administration of Medication for a Child with a Healthcare Plan

At Primary Academy medication is only administered if it would be detrimental to the child's health or attendance, if this was not administered. Any form of medication will only be administered when written consent has been received by the child's parent(s)/carer (s) either temporary or through a Healthcare Plan.

Where parents have asked the setting to administer prescription medication for their child, this must be in the original container. The prescription, dosage regime, name should be typed or printed clearly on the outside. The name of the pharmacist should also be visible.

Any medications not presented properly will not be accepted staff. **Primary Academy** will only accept prescribed and non-prescription medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

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

- When it would be detrimental to the pupil's health not to do so as detailed in the individual healthcare plan.

Pupils should not bring in their own medicine. This should be brought into the setting by the parent and signed in at the office.

Staff should record the administration of the medication on the correct paperwork, including date, time and note any side effects. This will also be countersigned by another adult.

The setting will liaise with the School Health Service for advice about a pupil's special medical conditions, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.

The setting can only administer medication that has been agreed in the Healthcare Plan or if needed on a temporary basis where the procedures for the Temporary Administration of Medication are followed. The exception to this is insulin which must still be in date, but is generally available to schools inside an insulin pen or pump, rather than in its original container.

A child under 16 will not be given medicine containing aspirin unless it has been prescribed by a doctor. Medication (for example for pain relief) will not be administered without maximum dosages being checked and when the previous dose was taken. Parents will be informed if their child has taken pain relief medication **(as outlined in their Healthcare Plan).**

In some instances a child may refuse to take their medication. When this happens staff will inform parents/carers so that alternative options can be considered. A member of staff will never force a child to take medication.

Where clinically possible, medicines should be prescribed in dose frequencies which enables them to be taken outside setting hours.

All medicines will be stored safely. **Children will be told where their medicines are at all times and be able to access them immediately.** On trips, the child will know which adult has their (medication) and will always be grouped with the named adult. Individual risk assessments for trips will include the information regarding which adult has the responsibility for those items.

A member of staff will only administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction where appropriate. Any side effects of the medication to be administered at the setting will be noted on the individual Healthcare Plan and parents will be informed.

Medicines will be returned to parents when no longer required to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

*Children with asthma are allowed immediate access to their relevant inhalers when they need them.

9. Procedures for the Temporary Administration of Medication

Medication that has been prescribed four times a day can be difficult to administer at home due to the nature of the timings. Where a parent is unable to attend the setting to administer this themselves the setting can administer the lunch time dose if a consent form has been completed. This medication must be in the container that it was prescribed in from the Pharmacy, clearly marked with the child's name, dosage and timings. Temporary medication is always administered by _____ in the Main Office. It also kept in the Main Office.

All requests for temporary administration from parents are considered on an individual basis.

Over the counter non-prescription medicine must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. A written record must be made each time a medicine is administered to a child, and inform the child's parents and or carers on the same day, or as soon as reasonably practicable.

IMPORTANT The first two doses of antibiotics should be administered by parents/carers. If a child was to have a reaction to antibiotics this reaction would occur after the second dose. We will only administer antibiotics on the third dose or after.

10. Medication errors

Types of Medical Errors:

- Forgetting to administer a medication;
- Giving the wrong medication;
- Giving too much or too little medication;
- Giving the medication the wrong way (i.e. via the wrong route);
- Giving the medication at the wrong time or on the wrong day;
- Giving the medication to the wrong pupil.

In the event of an error staff should:

- Stay calm;
- Check all the information again to be clear on what the error is;
- Report the error to a more senior /experienced/first aid trained staff member;
- Ask the senior staff member /first aid trained staff member to come and check the pupil;
- Contact the pupil's parent/carer to inform them of the error and agree next steps;
- Arrange for advice to be sought from the pupil's GP;
- Document the error in the Medication Administration Record;
- Complete an incident report form.

If at any point after the medication has been administered the pupil shows signs of being unwell, staff should call 111 for immediate advice and support.

If the pupil loses consciousness, experiences difficulties breathing, or shows any other signs of serious illness staff should call 999.

Unacceptable practice

The setting 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 the setting, including lunch times, unless this is specified in their Individual Healthcare Plan;
- Send an unwell pupil to another location, including the office, alone or with an unsuitable escort;
- 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 setting to administer medication or provide medical support, including for toilet issues. The setting will ensure that no parent is made to feel that they have to give up working because the setting is unable to support their child's needs;
- Create barriers to pupils participating in school life, including trips;
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

11.Liability and indemnity

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

The setting holds an insurance policy with **name of policy provider** covering liability relating to the administration of medication. The policy has the following requirements:

- **[Outline the requirements of your insurance policy.]**

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 setting, not the individual.

12.Staff Medicine

Any medicines brought into school by the staff eg headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the setting.

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

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

When a parent informs the setting that their child has an allergy this is recorded on our records, together with the necessary action to be taken in the event of an allergic reaction, such as any medication required. Children with severe allergies will have their photographs displayed **in classrooms**. If the allergy is around a food type, then there will be some liaison with, our cook, so that she can accommodate any dietary needs.

The headteacher and Catering team will ensure any pre-packed foods meet the requirement for Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility 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 setting's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their Individual Health Plan.

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. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices can keep their device in their possession at an age/development appropriate time. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the **medicine cabinet in the staffroom**.

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

In the event of anaphylaxis, a designated staff member will be contacted 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 AAIs, e.g. if the pupil needs restraining.

The setting will keep a spare AAI 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 will be stored in **the medical room**, ensuring that it is protected from direct sunlight and extreme temperatures. 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. AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

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 setting's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place

- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

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

In the event of a trip, pupils at risk of anaphylaxis will have their own AAI with them and the setting will give consideration to taking the spare AAI in case of an emergency.

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

14. Asthma Inhalers

Asthma Inhalers are kept in the setting for emergency use only. Before allowing the use of an Asthma Inhaler in the setting, parents/carers must complete, agree and sign an asthma care plan and this also gives consent for our emergency inhalers to be used. The setting also has 4 emergency inhalers in the setting and these can be used if a child cannot find their inhaler or it has been left at home. Emergency inhalers cannot be used by children who do not have an Asthma Care Plan.

A child's Asthma Inhaler will be kept within accessible reach of the child at all times (this will usually be in their classroom). When this is administered a member of staff will supervise or administer this. This then needs to be recorded on the administration paperwork and countersigned. Further details regarding Asthma can be found in the Asthma Classroom Pack 2014.

15.Children's Role in Managing their own Medical Conditions

When writing the Individual Healthcare Plan, the School Nurse, Parents/Carers, the child and designated staff member will identify whether or not the child is competent to manage their own health needs and medicines with supervision (e.g. own application of cream with supervision) and whether or not it is appropriate for them to do so. Self-medication with supervision will only be possible if all signatories of the Healthcare plan are in agreement.

Children will only administer their medicines with an appropriate adult present.

16. Record Keeping

The setting will maintain and keep written records of all medicines administered to children. These will be kept confidential under GDPR procedures.

17.Emergency Procedures

Medical emergencies will be dealt with under the setting'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.

18. Defibrillators

The setting has a **Mediana HeartOn A15** automated external defibrillator (AED). It is stored in **the medical room** in an **unlocked cabinet**. All staff members are aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the setting has been carried out.

Note, no training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are 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. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a **weekly** basis by **name of designated person**, with a record of all checks and maintenance work being kept up-to-date by the designated person.

19. Day Trips, Residential Visits and Sporting Activities

Children with a medical condition will be supported in order that they participate fully in trips and visits, except where evidence from a clinician, such as a GP, indicates that this is not possible.

The member of staff leading a trip or residential will prepare an individual risk assessment, following the guidelines and information on the child's individual Healthcare plan. In some circumstances this will be shared with the child's parents prior to the trip. The individual risk assessment will contain information regarding specific emergency procedures for the child.

Academy procedures will be followed rigorously on day trips, residential visits and sporting activities. The provider of the day trip/residential visit and sporting activities will also be notified of the specific medical conditions provision.

20. Home to School Transport for Pupils Requiring Special Arrangements

Pupils with medical conditions travelling to and from the setting are the responsibility of their parents. Where pupils are using transport provided by the Local Authority, risk assessments will be written and provided to the relevant transport provider. For pupils with life threatening conditions, specific transport healthcare plans will be carried on vehicles.

21. Liability and Indemnity

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

The setting holds an insurance policy with name of policy provider covering liability relating to the administration of medication. The policy has the following requirements:

- [Outline the requirements of your insurance policy.]

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 setting, not the individual.

22. Complaints

If parents or carers have a complaint about the support provided to their child with a medical condition, they should, in the first instance speak to your child's class teacher and then [redacted]. For further details of our complaints procedure please see the Academy's Complaint's Policy.

Appendix A: Individual Healthcare Plan Implementation Procedure

