



Supporting Students with Medical Needs Policy

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<p>Summary of changes at last review:</p> <ul style="list-style-type: none">• Update to appendices templates used for recording purposes• Updates to legislation to reflect KCSIE and the Data Protection Act 2018	
<p>Related documents:</p> <ul style="list-style-type: none">• Health and Safety Policy;• Concerns and complaints policy;• Trips & Visits Policy.	

Supporting Students with Medical Needs Policy

1. Introduction and purpose

- 1.1. E-ACT is committed to ensuring that all students with medical conditions can access and enjoy the same opportunities as any other student and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.
- 1.2. E-ACT will ensure that the academy implements and maintains an effective management system for the administration of medicines to all students in its care in order to ensure that appropriate support is provided to individual students with medical needs.
- 1.3. SCOPE
 - 1.3.1. This policy applies to all E-ACT staff or volunteers working in or visiting the academy, including contractors, agency or temporary staff.
 - 1.3.2. This policy applies at all times when the pupil is in or under the care of the academy, that is:
 - 1.3.2.1. in or at school;
 - 1.3.2.2. on school-organised trips;
 - 1.3.2.3. at a school sporting event.
 - 1.3.3. This policy shall also apply to pupils at all times and places in circumstances where failing to apply this policy may:
 - 1.3.3.1. affect the health, safety or well-being of a member of the school community or a member of the public; or
 - 1.3.3.2. have repercussions for the orderly running of the academy.
- 1.4. PUBLICATION
 - 1.4.1. This policy is published on E-ACT's trust website. The academy must link to this policy from its websites.
 - 1.4.2. In addition to publishing a link to this policy, the academy must publish key contact details for parents so they can easily get in touch with the academy about their child's medical needs. This should include contact information for the Individual Health Care Plan Lead at the academy and details of any health professionals it engages to train and assist academy staff in dealing with medical conditions and administering medicine.

2. Legislation and regulation

- 2.1. This policy is issued in line with statutory and non-statutory guidance relating to section 100 of the Children and Families Act 2014, which places a duty on proprietors of academies to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, E-ACT must have regard to the guidance issued by the Secretary of State under section 100.
- 2.2. This policy is in line with *Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England* and will be reviewed against any revised recommendations.
- 2.3. This policy is also in line with:
 - 2.3.1. • *Statutory Framework for the Early Years Foundation Stage*;

- 2.3.2. Education (Independent School Standards) Regulations 2014;
 - 2.3.3. Education and Skills Act 2008;
 - 2.3.4. Children Act 1989;
 - 2.3.5. Childcare Act 2006;
 - 2.3.6. Equality Act 2010;
 - 2.3.7. Human Medicines Regulations 2012;
 - 2.3.8. Data Protection Act 2018 and General Data Protection Regulation (GDPR).
- 2.4. This policy has regard to the following guidance and advice:
- 2.4.1. [Supporting pupils at school with medical conditions \(DfE, December 2015\)](#);
 - 2.4.2. [Automated external defibrillators \(AEDs\): a guide for schools \(DfE, February 2018\)](#);
 - 2.4.3. [Guidance on the use of emergency salbutamol inhalers in schools \(Department of Health, March 2015\)](#);
 - 2.4.4. [Guidance on the use of adrenaline auto-injectors in schools \(NHS Choices\)](#);
 - 2.4.5. [Guidance on first aid for schools \(DfE, February 2014\)](#);
 - 2.4.6. [Mental health and behaviour in schools: departmental advice for school staff \(DfE, March 2016\)](#);
 - 2.4.7. [Medical conditions at school \(Health Conditions in Schools Alliance\)](#);
 - 2.4.8. [Health protection in schools and other childcare facilities \(Public Health England, May 2018\)](#).

3. Definitions

- 3.1. Where the following words or phrases are used in this policy:
- 3.2. References to the **Proprietor** are references to E-ACT, the academy Trust.
- 3.3. References to an **IHCP** is to an individual healthcare plan, being an agreement between parents, the academy and healthcare professionals about what care a child needs and how it will be carried out.
- 3.4. References to **Parent** or **Parents** means the natural or adoptive Parents of the pupil (irrespective of whether they are or have ever been married, with whom the pupil lives, or whether they have contact with the pupil) as well as any person who is not the natural or adoptive Parent of the pupil, but who has care of, or Parental responsibility for, the pupil (e.g. legal guardian).
- 3.5. References to **school days**' means Monday to Friday, when the academy is open to pupils during term time. The dates of terms are published on the academy's website.

4. Responsibility statement and allocation of tasks

- 4.1. The Proprietor has overall responsibility for all matters which are the subject of this policy.
- 4.2. To ensure the efficient discharge of its responsibilities under this policy, the Proprietor has allocated the following tasks:

Task	Allocated to	When / frequency of review
Keeping the policy up to date and compliant with the law and best practice	[• name]	As a minimum annually, ideally termly, and as required
Monitoring the implementation of the policy, relevant risk assessments and any action taken in response and evaluating effectiveness	[• name]	As a minimum annually, ideally termly, and as required
Monitoring the systems and management of medical welfare of pupils to identify whether review or change in welfare practice is needed	[• name]	As required, and at least termly
Seeking input from interested groups (such as pupils, staff, parents) to consider improvements to the academy's processes under the policy	[• name]	As a minimum annually, ideally termly, and as required
Maintaining up to date records of all information created in relation to the policy and its implementation as required by the GDPR	[• name]	As required, at least termly
Formal annual review	Proprietor	Annually

- 4.3. The headteacher has formal oversight of the administration of medicine and the arrangements for pupils with medical conditions within the academy, including:
- 4.3.1. ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and support materials required to assist pupils with medical conditions;
 - 4.3.2. ensuring that sufficient numbers of trained staff are available to support pupils' medical needs at all times whilst they are under the care of the academy, including making contingency plans for staff absence and emergency situations;
 - 4.3.3. ensuring that information regarding an individual pupil's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need-to-know basis;
 - 4.3.4. ensuring that risk assessments take into account the additional risks posed to individual pupils as a result of their medical conditions;
 - 4.3.5. the overall development and monitoring of IHCPs at the academy.
- 4.4. The headteacher may delegate duties as appropriate to the [•school nurse] and other members of staff who have received training in accordance with this policy.

5. Supporting students with medical needs

5.1. At E-ACT we want to ensure that all our students and pupils in the academy receive the same level of care in relation to their emotional and physical needs, including those children who have particular medical needs. We want parents to be assured that their children's health will be well-looked after at the academy, and this policy sets out the steps that the academy will take to support children with medical needs.

5.2. LIAISING WITH PARENTS

5.2.1. The academy must promote ongoing communication with parents in order to ensure that the specific medical needs of all students in our care are known and met.

5.2.2. Parents must inform the headteacher (or the delegated IHCP Lead) if their child has or develops a medical condition and, where appropriate, provide the academy with appropriate medical evidence and / or advice relating to their child's medical condition.

5.2.3. Where appropriate, parents will be invited to consult with the academy and relevant healthcare professionals in order to produce an IHCP for their child. A template letter to parents can be found in Appendix 1.

5.2.4. Parents should also inform the headteacher (or the IHCP Lead) in writing where their child will require either prescription or non-prescription medication to be taken at school and of any changes to the medication required.

5.2.5. E-ACT requests that medication is only taken at school if it is essential, that is where it would be detrimental to the student's health not to administer the medication during the school day. Where possible, medicines should be taken at home, before and after attending the academy.

5.2.6. Unless in exceptional circumstances, staff at the academy will not administer any medication to a student without obtaining prior written permission from his or her parents. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

5.2.7. For early years' foundation stage (EYFS) students, staff will ensure that parents are informed in writing on the same day (or as soon as reasonably practicable thereafter) of every occasion that medication is administered, or has not been administered, with an explanation as to why.

5.3. INDIVIDUAL HEALTH CARE PLANS

5.3.1. The academy will focus on the on the needs of each individual student and how their medical condition impacts on their school life, including how the medical condition impacts on a student's ability to learn and will take steps to help increase students' confidence and ability to self-care.

5.3.2. Where a student has long-term or complex medical condition or health needs, the academy will, where appropriate, produce an IHCP for that student. A template IHCP is set out in Appendix 2.

5.3.3. The IHCP will be prepared following consultation with the parents, the student (where appropriate) and school nurse and/or any other relevant healthcare professionals.

5.3.4. Where appropriate, the IHCP should be linked with a student's Statement of Special

Educational Needs or their Education, Health and Care Plan (EHCP). Where a student has SEND but does not have a Statement or EHCP, their SEND should be mentioned in their IHCP.

- 5.3.5. The IHCP will be presented to the parents for approval in writing prior to its implementation to ensure the academy holds accurate information about the medical condition of any student with long term needs.
- 5.3.6. Once the IHCP is approved the headteacher (or the delegated IHCP Lead) will be responsible for its maintenance and implementation.
- 5.3.7. The IHCP will be reviewed at least annually or more frequently where a student's needs change.

6. Administering medicines

- 6.1. Where a student requires supervision to take their medication or where such medication will be administered by staff, students receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.
- 6.2. With the exception of insulin, which may be provided in an insulin pen or pump, all medicines supplied to the academy by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Staff administering medication will check the student's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medicine to the students.
- 6.3. Staff administering medicines must be supervised by another member of staff who will check all details set out in 4.2 above
- 6.4. If staff are in any doubt over the procedure to be followed, the parents will be contacted before action is taken.
- 6.5. If a student refuses their medication, staff will record this and report to parents as soon as possible.
- 6.6. MEDICAL RECORDS AND CONSENT
 - 6.6.1. Parents of all students at the academy are required to complete the relevant parental agreement to administer medicine at Appendix 4 and/or Appendix 5 before medication is administered to their child.
 - 6.6.2. Staff administering medicines will sign the records at Appendix 6 and/or Appendix 7 each time a medicine is administered. Written records of all medication administered to every student are retained by the [•headteacher][•school nurse] and relevant records can be provided, subject always to the law on data protection, to parents on request. These records are regularly reviewed by the [•headteacher][•school nurse].
- 6.7. PRESCRIPTION AND NON-PRESCRIPTION MEDICATION
 - 6.7.1. As a general rule, staff will not administer any medication that has not been prescribed for that particular student by a doctor, dentist, nurse or pharmacist.
 - 6.7.2. The academy will hold and store spare AAIs (adrenalin auto-injectors), and, if a student has been identified as at risk from anaphylaxis as per their IHCP, an appropriately trained member of staff will administer the AAI in the case of an

emergency.

- 6.7.3. Staff may only administer certain non-prescription medication such as pain and fever relief if the parents have already provided their written consent for this to happen in relation to specific medicines and only if there is a health reason to do so. Parents will be asked to sign Appendix 6 to confirm their agreement to staff administering such medication and to confirm that the student has not suffered an adverse reaction to the medication in the past.
- 6.7.4. No student shall be given medicine containing aspirin unless prescribed for that particular student by a doctor.

6.8. SELF-MEDICATION

- 6.8.1. E-ACT recognises that students should be allowed to carry their own medicines and relevant devices (such as inhalers), wherever possible or should be able to access their medicines for self-medication quickly and easily.
- 6.8.2. Following consultation between the academy, parents and the student, a student will be permitted to store and carry their own medication if in the opinion of the headteacher/IHCP Lead or school nurse that they are sufficiently competent to do so. This will be reflected in a student's IHCP.
- 6.8.3. The academy will also consider the safety of other children and medical advice from the prescriber in respect of the student in reaching this decision.
- 6.8.4. Students will be made aware the medication is strictly for their own personal use and it should not be passed to any other students under any circumstances and to do so is a breach of school rules.

6.9. STORAGE OF MEDICATION

- 6.9.1. Medicines are always securely stored in accordance with individual product instructions.
- 6.9.2. The academy will carry out a risk assessment to consider any risks to the health and safety of the school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.
- 6.9.3. All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.
- 6.9.4. Emergency medication such as inhalers, adrenaline pens and blood glucose testing meters will be kept in a designated location, clearly marked, and if kept in a box or cupboard this must not be locked in order to allow immediate access. In the case of medication which is not required in an emergency, the student will be told where their medication is stored and who holds the key.
- 6.9.5. Students who do not carry and administer their own medication understand which members of staff will administer their medication.
- 6.9.6. If a student is prescribed a controlled drug, unless otherwise agreed as part of an IHCP, it will be kept in safe custody in a locked, non-portable container and only named staff and the student will have access. A record of any doses used and the amount of the controlled drug held at the academy will be maintained with the headteacher responsible for ensuring this is the case.
- 6.9.7. All students who are permitted to possess a controlled drug will be advised that it is an offence to pass the drug to any other person for use.

- 6.9.8. Parents should collect all medicines belonging to their student at the end of each term and are responsible for ensuring that any date-expired medication is collected from the academy.

6.10. EMERGENCIES

- 6.10.1. In the event of an emergency related to the administration of medicine, the school nurse or designated trained staff member should be called as soon as possible, if not already present. If the school nurse does not consider that he or she is able to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not however affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should always dial 999 for the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the academy's site.
- 6.10.2. The parents/carers authorise the headteacher to consent on their behalf to the pupil receiving emergency medical treatment where certified by an appropriately qualified person as necessary for the pupil's welfare and if the parents/carers cannot be contacted in time
- 6.10.3. A checklist for contacting the emergency services can be found in Appendix 8.

7. Access to external medical services

- 7.1. Pupils have access to local medical, dental, optometric and other specialist services or provision as necessary.
- 7.2. [• Include comments on specific practices at the academy relating to off-site medical and other provision.¹]
- 7.3. [• Parents/carers will be asked to provide written permission for medical and dental treatment in respect of a particular pupil.²]

8. Automated external defibrillators (AEDs)³

- 8.2. The academy's AED(s) is /are located at [• insert details].
- 8.3. The AED should only be used where a person is in **cardiac arrest**. It should not be used where a person is conscious, breathing and/or his or her heart is still beating.
- 8.4. If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR. If possible, a first aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step-by-step instructions on the AED.
- 8.5. The person administering the AED should ensure that the area around the casualty is clear before administering the AED. He or she should then stay with the casualty until the emergency services arrive.]

¹ NMS requirement - boarding schools only - see Standard 3.3.

² See Appendix 2 NMS for boarding

³ It is not compulsory for schools to have AEDs and it does not currently form part of the EFAW or FAW courses but if there is an AED at the School it is recommended that staff are given instruction/training see DfE guidance <https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>

9. Asthma register and emergency inhalers ⁴

- 9.1. The other requirements of this policy apply to emergency inhalers, including but not limited to appropriate training, use, supply, storage, care, disposal and record keeping.
- 9.2. The [• School nurse] and the [• headteacher⁵] are responsible for ensuring that *Guidance on the use of emergency salbutamol inhalers in schools (Inhalers Guidance)* is properly implemented and followed.
- 9.3. General information on how to recognise and respond to an asthma attack is contained in the guidance referred to in the Inhalers Guidance
- 9.4. The [• School nurse] will hold and be responsible for restocking at least [• number⁶] emergency inhalers (which may be bought without prescription). An emergency inhaler may be used if a pupil's prescribed inhaler is not available (for example, because it is broken, or empty) or in the event of an asthma attack.
- 9.5. Only pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler. The [• School nurse] will maintain an up to date register of pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly [• (at least annually)⁷] to take into account pupils' changing asthma care needs. A copy of the register is to be stored with the emergency inhalers.
- 9.6. Parents / carers are to notify the academy as soon as practicable that a particular pupil has been diagnosed with asthma and / or has been prescribed a reliever inhaler. Notification should be accompanied by a completed consent form signed by the parents / carers in the form set out at Annex B of the Inhalers Guidance (a copy of which is available from the [• School nurse] on request. Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.
- 9.7. If an emergency inhaler is used by a pupil the [• School nurse] will notify the relevant parents / carers [• or guardian(s)] as soon as practicable.
- 9.8. Emergency inhalers are also to be stored, cared and disposed of in accordance with Part 3 of the Inhalers Guidance.]

10. Adrenaline auto-injectors ⁸

- 10.2. General information on how to recognise and respond to an anaphylaxis is contained in the guidance referred to in **Error! Reference source not found.**.
- 10.3. Delays in administering AAIs have been associated with fatal outcomes. **AAIs MUST be administered without delay** to pupils if there are **ANY signs of anaphylaxis present** to those pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAIs have been provided.
- 10.4. **Academy staff must always call 999 and request an ambulance if an AAI is used** and keep a detailed record including, where the reaction took place and how much medication was given. Relevant parents / carers [• or guardian(s)] should be informed as soon as practicable.

⁴ See Inhalers Guidance: keeping an emergency inhaler (and adopting the procedures in the Inhalers Guidance) is optional but recommended.

⁵ The Inhalers Guidance requires at least two people to be responsible for ensuring the Guidance is followed.

⁶ There is no prescribed amount will depend on practice and size of the School.

⁷ Best practice but not a requirement.

⁸ See <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

- 10.5. The [• School nurse] and the [• headteacher⁹] are responsible for ensuring that the *Guidance on the use of adrenaline auto-injectors in schools* (the **AAI Guidance**) is properly implemented and followed.
- 10.6. AAI's are to be stored, cared and disposed of in accordance with Part 3 of the AAI Guidance and the other requirements of this policy apply to AAI's, including but not limited to appropriate training, use and record keeping.
- 10.7. The [• School nurse] will have overall responsibility for restocking at least [• number¹⁰] AAI (which may be bought without prescription). The [• School nurse] and [• insert] will check the stock on a monthly basis to ensure that the AAI's are present and in date and that replacement AAI's are obtained in good time.¹¹
- 10.8. Spare AAI's should only be used on pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAI's have been provided.
- 10.9. The [• School nurse] will maintain an up to date register of pupils at risk of anaphylaxis this includes pupils who have been prescribed a AAI and those who have been provided with a medical plan confirming this, but who have not been prescribed AAI and in respect of whom parental consent to the use of the spare AAI has been obtained. The register should be reviewed regularly [• (at least annually)¹²] to take into account pupils' changing needs. A copy of the register is to be stored with the spare AAI's.
- 10.10. Parents / carers are to notify the academy as soon as practicable that a particular pupil is at risk of anaphylaxis and in that case provide their consent to use the spare AAI's. Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.]

11. Off-site visits and sporting events

- 11.1. Please refer to the Trips and Visits Policy.
- 11.2. The academy actively supports all students with medical conditions to access and enjoy the same opportunities at the academy as any other student, which includes ensuring that they are able to take an active role in school trips and sporting activities, unless it is contraindicated by a medical professional involved in a student's care (such as his or her GP).
- 11.3. If a student attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.
- 11.4. All students requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled.
- 11.5. Secure storage for medicines will be available at all short-term accommodation used by the academy.

12. Unacceptable practice

- 12.1. Staff should use their discretion and training with regards to each individual student's medical needs, by reference to their IHCP and / or EHCP, as appropriate.

⁹ The Inhalers Guidance requires at least two people to be responsible for ensuring the Guidance is followed

¹⁰ There is no prescribed amount will depend on practice and size of the School.

¹¹ The guidance recommends that at least two named volunteers are responsible for checking the stock.

¹² Best practice but not a requirement.

- 12.2. However, staff should be aware that the following practices are generally unacceptable:
- 12.2.1. preventing access to medication and relevant devices (such as inhalers), where this is reasonably required;
 - 12.2.2. assuming that all students with the same conditions require the same treatment;
 - 12.2.3. frequently sending students with medical conditions home or preventing them from taking part in normal school activities, unless this is provided for in their IHCP or by their medical advisors;
 - 12.2.4. sending unwell students unaccompanied to the school office or medical room;
 - 12.2.5. penalising students for their attendance record, if their absences are related to their medical condition (e.g. hospital appointments);
 - 12.2.6. preventing students from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively;
 - 12.2.7. requiring parents, or otherwise making them feel obliged, to attend the academy to administer medication or otherwise provide medical support to their child during the school day;
 - 12.2.8. preventing students from participating in, or creating unnecessary barriers to children participating in all aspects of school life.

13. Training

- 13.1. The academy will ensure that there are a minimum of at least two members of staff who are appropriately trained to manage medicine as part of their duties.
- 13.2. The headteacher is responsible for the administration of medicine and the arrangements for students with medical conditions within the academy. They will delegate duties as appropriate to the school nurse and/or other members of staff who have received training in accordance with section 106.4 below.
- 13.3. The headteacher or school nurse will ensure that all staff are supervised where appropriate. Any staff responsible for the administration of medicine will have access to students' IHCPs.
- 13.4. Relevant members of staff will receive appropriate training and support from the school nurse and / or a qualified health professional, including training on the side effects of medication and what to do if they occur. If the administration of medication involves technical, medical or other specialist knowledge, appropriate individual training tailored to the individual student will be provided to appropriate staff by the school nurse and / or a qualified health professional, where appropriate.
- 13.5. The school nurse and / or qualified health professional will provide written confirmation that the member of staff is proficient in the procedure which is set out in Appendix 3.
- 13.6. Staff must not give prescription medicines or undertake health care procedures without appropriate training. For the avoidance of doubt a first aid certificate does not constitute appropriate training in supporting students with medical conditions.
- 13.7. The academy must publish on its website, alongside the link to this policy, the details of any health professionals it engages to train and assist school staff in dealing with medical conditions and administering medicine.
- 13.8. All staff will be made aware of the terms of this policy and the academy's arrangements for supporting students with medical conditions and their role in implementing the terms of this policy.

- 13.9. The academy has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes.
- 13.10. The academy is required to either adopt the Medical Conditions at School guidance and protocols or have their own drafted by the school nurse or doctor and have these approved by the Regional Education Director.
- 13.11. Copies of the guidance and protocols are published on the academy's website alongside this policy.
- 13.12. All new starters will be made aware of the terms of this policy and appropriate protocols during their induction.

14. Risk assessment

- 14.1. Where a concern about a pupil's welfare is identified, the risks to that pupil's welfare will be assessed and appropriate action will be taken to reduce the risks identified.
- 14.2. The format of risk assessments may vary and may be included as part of the academy's overall response to a welfare issue, including the use of individual pupil welfare plans (such as behaviour, healthcare and education plans, as appropriate). Regardless of the form used, the academy's approach to promoting pupil welfare will be systematic and pupil focused.
- 14.3. The headteacher has overall responsibility for ensuring that matters which affect pupil welfare are adequately risk assessed and for ensuring that the relevant findings are implemented, monitored and evaluated.
- 14.4. Day to day responsibility to carry out risk assessments under this policy will be delegated to the [• school nurse][•headteacher][•School Business Manager] who has been properly trained in, and tasked with, carrying out the particular assessment.
- 14.5. Where the medical condition could give rise to potential safeguarding concerns, the academy's [• safeguarding and child protection policy and procedures] will be followed as appropriate. Staff are particularly reminded to be alert to indicators of sexual violence and female genital mutilation where in each case there are specific reporting procedures under the academy's [• safeguarding and child protection policy and procedures].

15. Record keeping

- 15.1. All records created in accordance with this policy are managed in accordance with the academy's policies that apply to the retention and destruction of records.
- 15.2. Staff administering medicines [•and/or treatment] will complete and sign the records at Appendix 6 each time a medicine is administered.
- 15.3. Written records of all medication administered to every pupil are retained by the [•headteacher][•school nurse] and relevant records can be provided, subject always to the law on data protection, to parents on request. These records are regularly reviewed by the [•headteacher][•school nurse].
- 15.4. The records created in accordance with this policy may contain personal data. The academy has a number of privacy notices which explain how the academy will use personal data about pupils and parents / carers. The privacy notices are published on the academy's website. In addition, staff must ensure that they follow the academy's data protection policies and procedures when handling personal data created in connection with this policy. This includes the academy's [• data protection policy and information security policy].

16. Responsibilities

- 16.1. The Board of Trustees has overall accountability for this policy.
- 16.2. The National Director of Education has overall responsibility for ensuring implementation and compliance within all E-ACT academies, supported by the Regional Education Directors who have delegated responsibility for implementation and compliance within their regions.
- 16.3. The Regional System Leader for SEND and the Regional System Leader for Safeguarding are responsible for monitoring compliance within their region, challenging the academy (and headteacher) on fulfilling their duties in relation to this policy and providing support and advice on implementation where necessary.
- 16.4. The Regional System Leader for SEND and the Regional System Leader for Safeguarding are also responsible for rapidly escalating any serious concerns regarding non-compliance to the Regional Education Director, or to National Director of Education.
- 16.5. The headteacher is responsible for:
 - 16.5.1. Ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and teaching support materials required to assist students with medical conditions;
 - 16.5.2. Ensuring that cover arrangements are in place to meet individual children's need in the event of staff absence (cover arrangements must be in writing and easily available to relevant staff and, on request, parents);
 - 16.5.3. Ensuring that sufficient numbers of trained staff are available to support students' medical needs at all times whilst they are under the care of the academy, including making contingency plans for staff absence and emergency situations;
 - 16.5.4. Ensuring that information regarding an individual student's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need to know basis;
 - 16.5.5. Ensuring that risk assessments take into account the additional risks posed to individual students as a result of their medical conditions;
 - 16.5.6. The overall development and monitoring of Individual Healthcare Plans (IHCP) at the academy.

17. Complaints

- 17.1. If parents or students are dissatisfied with the medical support provided at the academy, they should raise these in the first instance with the headteacher.
- 17.2. If the headteacher cannot resolve the issue then a formal complaint can be raised via the Complaints and Concerns Policy.
- 17.3. Secure storage for medicines will be available at all short-term accommodation used by the academy.

18. Review

- 18.1. This policy will be reviewed every two years. The headteacher must review the information supporting this policy (website, procedures, etc.) annually to ensure that it is up-to-date and accurate.

