


Supporting Learners/Students with Medical Conditions and Administration of Drugs Policy



Approved by:	Board of Trustees	Date:	March 2025
Signed by:		Position:	Chair
Last reviewed:	January 2025	Next review due:	January 2027

Monitoring arrangements
This policy will be reviewed bi-annually or sooner if required.

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Inclusion Education is the working name of Inclusion Education CIO registered number 1162711			

Contents

1. Introduction	3
2. Aims.....	3
3. Legislation and statutory responsibilities	4
4. Roles and responsibilities	4
5. Individual Health Care Plans (IHCP)	5
6. Medical Condition Triggers	7
7. Implementation Management and Organisation regarding administration of Medicines	7
8. Members of Staff available for first aid in an emergency	8
9. Advice on Medication.....	8
10. Educational Off-site Visits.....	9
11. Antibiotics	9
12. Diabetes.....	10
13. Asthma	10
14. Epilepsy	10
15. Record Keeping	11
16. PE.....	11
17. Nut allergies / Anaphylaxis	11
18. Sickness and Diarrhea	11
19. Sun Cream	11
20. Emergency Procedures	12
21. Hygiene and Infection control	12
22. Storage of medication.....	12
23. Summary of procedure to dispense medicines	12
24. Admissions and Transitions.....	12
25. Absences.....	13
26. Training.....	13
27. Supply Staff	13
28. Unacceptable Practice.....	13
29. Liability and indemnity	14
30. Complaints.....	14

Author: E Barnard	Title: Medication / illness	Ref:	Date: January 25
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1. Introduction

At Inclusion Education, we understand that medical conditions impact on children and young people's ability to learn, their confidence, self-esteem and ability to care for themselves.

We recognise that long-term absences due to health problems affect educational attainment, impact on their ability to integrate with their peers and this has an effect on their general wellbeing and emotional health.

Equally, we know that short term and frequent absences, including those for appointments connected with a medical condition, also need to be effectively managed and appropriate support put in place to limit the impact on the child/young person's educational attainment and emotional and general wellbeing.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. They may be self-conscious about their condition and some may feel bullied or develop social, emotional and mental health difficulties such as anxiety or depression connected with their medical condition.

We also know that parents/carers of children/young people with medical conditions are often concerned that their health may deteriorate when they attend an educational setting. This may be due to worries about conditions that affect their immune system contracting infections and viruses as a result of being around other children/young people, leading to absence or deterioration in their condition.

It may also be because learners/students with complex medical conditions may require on-going support, medication or care while at Inclusion Education to help them manage their condition and keep them well.

Others may require emergency care if their condition unpredictably or rapidly deteriorates while they are in school/college. We therefore recognise that it is vital that parents/carers have confidence in the organisation's ability to provide effective support for their child/young person and that they feel safe.

This policy therefore sets out the arrangements we have at Inclusion Education to ensure all learners/students with medical conditions are fully supported and have full access to school/college life and all the educational and wider opportunities we offer.

2. Aims

This policy aims to ensure that:

- All learners/students with medical conditions, in terms of physical and mental health are fully supported at Inclusion Education so they can play a full and active role in school/college life, remain healthy and achieve the highest standards
- Focus is on the needs of individual pupils with medical conditions so they can access and enjoy the same opportunities at Inclusion Education as their peers
- Parents/carers feel confident that Inclusion Education will provide effective support for their child's medical condition and that they feel safe
- We listen to and act appropriately on the views of parents/carers, carers and learners/students with medical conditions
- Effective relationships with appropriate health services are in order to seek and fully consider any advice they offer in terms of supporting children/young people with medical conditions
- Staff are properly trained to provide the support that learners/students in their care need
- We meet the requirements of the statutory guidance, 'Supporting pupils at school with medical conditions' (DfE, December 2015)

The named person with responsibility for implementing this policy is the COO of inclusion Education

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Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on board of trustees to make arrangements for supporting young people throughout the organisation with medical conditions.

It is also based on the Department for Education's statutory guidance:

Supporting pupils at school with medical conditions

In addition to this policy, we have a First Aid Policy.

3. Roles and responsibilities

3.1 The Board of Trustees, supported by the CEO/COO

- Must make arrangements to support learner/students with medical conditions and ensure this policy is developed and implemented
- Must ensure sufficient staff receive suitable training and are competent to support children/young people with medical conditions
- Must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

3.2 The Headteacher / Provision lead

The headteacher, has overall responsibility, liaising regularly with the COO as to the young people's needs, ensuring that:

- All staff are aware of this policy and understand their role in its implementation
- Sufficient numbers of staff are trained to implement the policy and deliver Individual Health Plans (IHCPs), including in emergency and contingency situations, and they are appropriately insured
- That relevant training has been provided and that the trained staff are competent to deliver any medicines.
- Staff should be able to act safely and promptly in an emergency situation
- Ensure that new members of staff receive appropriate training

And furthermore, that whenever the organisation is notified that a learner/student has a medical condition:

- All relevant staff are made aware of the condition
- The school/college/provision lead first aider is aware of the needs and understands their responsibilities for carrying out, documenting and communicating the young person's medical needs
- Cover arrangements in case of staff absence/turnover is always available
- Supply staff are briefed as appropriate
- Risk assessments for visits and activities out of the normal timetable are carried out and reasonable adjustments are made, as necessary
- Individual Health Care Plans are monitored (at least annually)
- Transitional arrangements between schools/colleges are carried out
- If the young person's needs change, the above measures are adjusted accordingly
- Ensure the development of IHCPs as necessary

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Inclusion Education is the working name of Inclusion Education CIO registered number 1162711			

- Any child with a medical condition is brought to the attention of the school nursing service or other relevant health professionals (if appropriate)

3.3 Staff

- Any staff member may be asked to provide support to learners/students with medical conditions, including the administering of medicines, although they cannot be directed to do so
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting young people with medical conditions
- Any staff member should know what to do and respond accordingly when they become aware that a young person with a medical condition needs help
- Staff members responsible for completing risk assessments for off-site activities should liaise with parents/carers, the Headteacher/provision lead and those arranging the activity to ensure reasonable adjustments have been made as necessary
- The relevant lead staff member is responsible for the day-to-day care of a learner/student in their tutor group and maintaining information in their file

3.4 School Nurses (where appropriate)

- Are responsible for notifying the Inclusion Education when a young person has been identified as having a medical condition which will require support in school/college
- May support staff on implementing a learner/students IHCP and provide advice and liaison

3.5 Other health care professionals (where appropriate)

- Should notify the school/college/provision when a learner/student has been identified as having a medical condition that will require support
- May provide advice on developing healthcare plans
- Specialist local teams may be able to provide support for particular conditions (e.g. asthma, diabetes and epilepsy)

3.6 Learners/students

Should, wherever appropriate, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHCP

3.7 Parents / Carers

- Should provide Inclusion Education with sufficient and up-to-date information about their child's medical needs
- Are the key partners and should be involved in the development and review of their child's IHCP, supporting it as agreed, e.g. making sure a named contact is available
- Should carry out any action they have agreed to as part of the IHCP implementation
- Should provide the necessary medicines in the prescribed packaging carrying the dispensing pharmacy's instructions for administration
- Should ensure medicines are kept up-to-date
- All medicines or medical equipment should be collected at the end of the school year and returned on the first day of the autumn term
- Should collect and dispose of unwanted medicines prescribed for their child

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4. Individual Health Care Plans (IHCP)

Where a learner/student has a life threatening condition or complex medical needs then an Individual Health Care Plan (IHCP) can be written.

The Headteacher/provision lead has overall responsibility for the development of IHCPs. Individual Health Care Plans (IHCP) are written in collaboration with parents/carers and carers for young people with medical conditions.

Those who may need to contribute to the plan are:

- Headteacher/provision lead
- The parent/carer
- The child (if sufficiently mature)
- Teachers
- Wellbeing staff
- Support staff
- Inclusion Education staff who have agreed to administer medication or be trained in emergency procedures
- The school nurse service, health service, young person's GP or other health care professionals

Plans will be reviewed at least annually, or earlier if there is evidence that their needs have changed.

Plans will be developed with the learner/students best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all learners/students with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents/carers when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with Inclusion Education, parents/carers and a relevant healthcare professional, such as the school nurse service, specialist or paediatrician, who can offer the best advice on the young person's specific needs.

The learner/student will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan.

The level of detail in the plan will depend on the complexity of the condition and how much support is needed.

The Headteacher/provision lead under the supervision of the COO, will have the responsibility for developing IHCP and will consider the following when deciding what information to record on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The learners/students resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons

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- Specific support for the learner/students educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the learner/students medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who at the school/college/provision needs to be aware of the young person's condition and the support required
- Arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the student during school/college/provision hours
- Separate arrangements or procedures required for educational visits or other activities outside of the normal timetable that will ensure the learner/student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/young person, the designated individuals to be entrusted with information about the learner/students condition
- What to do in an emergency, including who to contact, and contingency arrangements

Inclusion Education takes the care of each learner/student very seriously and they cannot be cared for without the necessary medical equipment and plan. Examples of conditions that need an Individual Health Care Plan are diabetes, anaphylaxis and epilepsy, although this list is not exhaustive.

When a learner/student joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks. Individual Health Care Plans are displayed in the medical room and electronically stored in the learner/student files. The IHCPs are also shared with the catering staff for food allergy and intolerance where appropriate.

If parents/carers are concerned about any aspect of confidentiality, then they should contact the Headteacher/provision lead to discuss arrangements.

5. Medical Condition Triggers

Inclusion Education is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school/college/provision actively works towards reducing or eliminating these.

- Inclusion Education is committed to identifying and reducing triggers both at school/college and on off-site educational visits.
- Staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- Risk assessments are carried out on all out-of-school activities, taking into account the needs of learners/students with medical needs.
- Inclusion Education reviews all medical emergencies and incidents to see if any changes to practice or procedure need to be made.

Author: E Barnard	Title: Medication / illness	Ref:	Date: January 25
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6. Implementation Management and Organisation regarding administration of medicines

When medicines are to be administered during school/college/provision hours it is essential that safe procedures are established which are acceptable to appropriate staff involved.

It is essential that clear written instructions are supplied by parents/carers when requesting that medication be administered to their child.

Parents/carers should always complete a 'Request to give Medication' form available from the school/college office giving:

- The child/young person's name, date of birth;
- Name of medication
- clear instructions on the dose to be administered;
- the time to be given and for what period.
- Any other information
- Parent/carer details including name, relationship to child/young person and contact details
- Medication must be in its original packaging including the pharmacy label and the prescriber's instructions.

The form should be signed by the parent/carer and retained in the school/college/provision office for reference by the staff involved.

Only the prescribed/recommended dose will be administered, this cannot be changed unless written instructions are given from a medical professional.

Members of staff who are willing to dispense medicines to learners/students should be advised of the correct procedure for each child/young person by a health care professional as appropriate and will liaise with parents/carers.

For over-the-counter medicines (paracetamol / antihistamine), parents/carers are asked for their consent or otherwise for this to be administered as part of the admissions process.

If consent is given, parents/carers will be notified in the event medication has been given.

Inclusion Education will only administer paracetamol, we would not administer ibuprofen.

Under no circumstances will aspirin be administered to a learner/student unless specifically prescribed by a doctor.

A record of those trained to administer medication is kept on file.

A record should be kept of all the medicines and drugs administered by the members of staff responsible on the Medication Administered form. All medication administered must be recorded and witnessed by 2 members of staff.

In the case of life-threatening conditions such as diabetes or allergies the Individual Health Care Plan will detail those responsible for administering medicines.

In the case of other conditions, e.g. use of antibiotics, this will be recorded on the 'Medication Administered' form which requires 2 Signatures.

Author: E Barnard	Title: Medication / illness	Ref:	Date: January 25
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Parents/carers and staff should be kept informed of the school/college/provision's arrangements for the administration of medicines and drugs and will be informed of any changes in these procedures.

6.1 Controlled drugs (in the event of having a learner/student prescribed controlled drugs)

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

Controlled drugs are kept in a locked box, in a locked cupboard, in a room with controlled access which only staff have access to.

When off-site activities are undertaken, controlled medications are kept in a locked box in a bag and is signed out and back in on return with 2 signatures. The locked box and bag will be kept with a delegated member of staff at all times.

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

7. Members of staff available for first aid in an emergency

Please see the First Aid policy or Information posters at each Inclusion Education sites

8. Advice on medication

Learners/students recovering from a short-term illness/infection who are clearly unwell should not attend the school/college/provision and the Headteacher/provision lead can request that parents/carers keep the young person at home if necessary.

If the parent/carer requests that the school/college/provision administer medication (prescribed only), the Headteacher/provision lead will allow this on the condition that the 'Request to give Medication' form is completed and signed by the parent/carer.

If the instructions have not been given in writing, it will not be possible for the school/college/provision to accept responsibility for administering the medication.

In exceptional circumstances a telephone call may be made to the parent/carer to obtain verbal consent. The telephone permission and member of staff this was discussed with will be noted on 'Request to give Medication' form.

Asthma inhalers will usually be administered by the learner/student. Adrenaline Auto Injectors (also known as Epi-pen) will be administered by a suitably trained member of staff as detailed in the Individual Health Care Plan unless specific consent has been given by the parent/carer and it has been agreed by the Headteacher/provision lead for the learner/student to carry and administer their own.

In exceptional circumstances trained members of staff may administer drugs by injection. This will only be done on the advice of a medical professional.

9. Educational Off-Site Visits

Learners/students should be encouraged to take part in educational visits wherever safety permits. It may be that the school/college/provision would need to take additional safety measures for outdoor visits and staff supervising outings must be aware of any medical needs of such learners/students and of the relevant emergency procedures.

Author: E Barnard	Title: Medication / illness	Ref:	Date: January 25
Inclusion Education is the working name of Inclusion Education CIO registered number 1162711			

Reasonable adjustments will be made to optimise the inclusion of all learners/students with health care needs and/or disability and these will be recorded on the risk assessment.

It may be necessary to take medication for a learner/student on an educational visit, e.g. EpiPen, Inhalers or Epilepsy emergency medication. This medication must be logged in and out of school/college/provision. It is also necessary to take copies of any relevant care plans in case of emergency. Emergency medication must be taken on all trips.

10. Antibiotics

Learners/students who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school/college/provision, but it may also be essential that the full course of medication should be completed.

Inclusion Education will only administer antibiotics when they need to be taken 4 times daily or at a specified time during the school/college/provision day. In this case, the Headteacher/provision lead is willing for named staff to administer the antibiotics supplied by the parent/carer. 'The 'Request to give Medication' form should always be completed giving full instructions for administration of the medicine.

It is the responsibility of the parent/carer to ensure that the medication is collected each day and is not out of date.

11. Diabetes

Inclusion Education will monitor learners/students with Diabetes in accordance with their Individual Health Care Plan. Blood sugar results will be recorded daily and noted accordingly.

Learners/students with diabetes must not be left unattended if feeling unwell or sent to the school/college office unaccompanied.

Insulin will be administered as needed by a trained member of staff.

12. Asthma

This guidance has been written with advice from the Department for Education and National Asthma Campaign. It is in addition to the procedures detailed above.

12.1 Asthma Medication

- Immediate access to inhalers is vital.
- For those learners/students where consent is given by parents/carers, and agreed by the headteacher/provision lead, they are able to keep their inhalers with them whilst at the school/college provision if responsible to do so. Alternatively, inhalers are kept in the medical room, which is easily accessible, until needed.
- Those learners/students who carry their own inhalers must inform a staff member if they are feeling unwell and need to use the inhaler.
- A log of the use of inhalers will be kept as with other medications.
- All inhalers must be labelled with the young person's name by the parent/carer.
- During off-site educational visits, learner/student may carry their own inhaler and spacer if judged to be responsible to do so, by their Tutor and /or the relevant first aider.
- Residential visits should be planned with parents/carers and tutor at least four weeks in advance in order that any additional inhalers or spacers may be obtained.

Author: E Barnard	Title: Medication / illness	Ref:	Date: January 25
Inclusion Education is the working name of Inclusion Education CIO registered number 1162711			

12.2 Asthma Attack

In the event of a pupil having an asthma attack, a first aider will be alerted of the attack and then the following guidance from Asthma UK will be followed.

<https://www.asthma.org.uk/advice/child/asthma-attacks/>

- Help them to sit up – don't let them lie down and remain calm.
- Help them take one puff of their reliever inhaler (with their spacer if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
- If they don't have their blue inhaler, or it is not helping, or if you are worried at any time, call 999 straight away.
- While you wait for an ambulance the blue reliever inhaler can be used again every 30 to 60 seconds (up to 10 puffs) if they need to.

We will also ensure that:

- An asthma attack will be recorded as per any first aid incident via the school/college/provision e.g.CPOMS., First aid log The events before the attack should be recorded in order to support the identification of triggers and management of the condition.
- The parent will be called to inform them of an asthma attack whilst at school/college/provision.
- If a learner/student requires further medical treatment the parents/carers will be contacted.

13. Epilepsy

In the event of a learner/student having a seizure, a suitably trained member of staff in dealing with epilepsy will be alerted to attend and give care to the young people as detailed in their care plan.

An ambulance should be called if:

- It is the young person's first seizure
- The young person is badly injured
- They are experiencing breathing difficulties
- The seizure lasts for longer than the period set out in the young person's care plan
- The seizure lasts for longer than five minutes, and you do not know how long the young person's seizures usually last
- There are repeated seizures, young person's care plan states that this is normal for them

14. Record keeping

We will ensure that written records are kept of all medicines administered to learners/students. We recognise that records offer protection to staff and the young people and provide evidence that agreed procedures have been followed. Parents/carers will be informed if their child has been unwell whilst at school/college/provision.

15. Physical activity

Taking part in physical activity is encouraged at Inclusion Education. Staff delivering these sessions will be aware of which learners/students have asthma and access to their inhaler.

16. Nut Allergies/Anaphylaxis

Unless written consent is given to Inclusion Education by the parents/carers and in agreement with the headteacher/provision lead for them to do so, learners/students will not carry their own auto injector pen (Epi-pen) but should have it immediately available from an allocated responsible adult. This will be detailed in the learner/students IHCP.

Author: E Barnard	Title: Medication / illness	Ref:	Date: January 25
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Any special dietary needs will be communicated to the catering company (if appropriate) by the parent/carer or school/college/provision admin. It is standard practice for the catering company not to use any ingredients containing nuts.

Teachers/tutors will be aware of all learner/student allergies when planning food preparation lessons.

17. Sickness and Diarrhea

In line with guidance from the Health Protection Agency on controlling infection, we ask that learners/students do not attend Inclusion Education sites until 48 hours have elapsed from last episode of diarrhea or vomiting

18. Sun Cream

Learners/students are always encouraged to apply their own sun cream where they can that has been provided by the parent/carer. If this is not possible due to complex needs a member of staff will assist with the application of sun cream following permission being given by the parent/carer.

Where it is not possible for a parent/carer to provide sun cream for their child, consent would need to be given by the parent/carer for a sun cream provided by Inclusion Education to be applied by the learner/student themselves.

19. Emergency Procedures

In the case of an emergency, Inclusion Education will call an ambulance and contact the parents/carers. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation.

Under normal circumstances staff should not take learners/students to hospital in their own cars, it is safer to call an ambulance.

A member of staff should always accompany a learner/student taken to hospital by ambulance unless the parent/carer has already arrived at school/college/provision and can accompany them. If a staff member has accompanied the young person to hospital, they should stay with them until the parent/carer arrives.

20. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

In cases of eczema or skin conditions it will be expected that the learner/student will be able to use the cream/lotion on their own.

21. Storage of Medication

- Auto-injectors (EpiPen) / Inhalers are stored in accordance with their IHCP to ensure easy access when required, with this being with the learner/student if agreed by the parent/carer and headteacher/provision lead.
- All other medication must be stored in the designated medication areas i.e. the secure medication cupboard in the first aid room, or the fridge in the first aid room (depending on prescriber's instructions.)
- It is the parents/carers' responsibility to dispose of expired or unused medication.
- It will be the parent/carers' responsibility to collect medication at the end of each day where necessary.

Author: E Barnard	Title: Medication / illness	Ref:	Date: January 25
Inclusion Education is the working name of Inclusion Education CIO registered number 1162711			

- Medication being taken out of school/college on trips or visits must be logged in and out and be the responsibility of a member of staff at all times.
- At the end of the Summer Term, all medicines should be sent home to parents/carers.

22. Summary of Procedure to Dispense Medication

'Request to give Medication' form must be completed by the parent/carer.

- Medicine must be in original packaging clearly marked with the name of learner/student and dose to be administered.
- Recommended / prescribed dose will not be exceeded without written permission from a medical professional.
- All medication given must be recorded and witnessed on the Medication Administration Form
- Learners/students do not have permission to carry their own medicines unless with prior agreement with parents/carers and the headteacher/provision lead.

23. Admissions and Transitions

A learner/student with medical needs will have the same rights to admission as other young people. However, Inclusion Education does not have to accept a learner/student identified as having a medical condition at times when it would be detrimental to the health of that young person or others to do so.

Where a transition has been planned for a learner/student to join Inclusion Education at the start of a new academic year, these arrangements should be in place for the start of term.

When a learner/student joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

When a learner/student transfers to a new school/college, it is the parents/carers' responsibility to inform the new school/college of any relevant medical conditions.

24. Absences

If a learner/student needs to attend hospital appointments during the school/college/provision day, the young person may be brought into the school/college/provision first and so gain an attendance mark. However, if this is not possible, please bring in the official appointment card so that we can ensure a learner/student is not penalised for an unavoidable medical appointment.

Routine appointments, e.g. dental, GP or opticians, should usually be arranged out of school/college/provision hours.

25. Training

25.1 Staff who are involved in the day to day administration of prescribed / non prescribed medication will undertake 'Administering medication' training. This will include all staff, including first aiders, to whom this is relevant.

25.2 In the event of an Inclusion Education learner /student where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to the young person, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted

Author: E Barnard	Title: Medication / illness	Ref:	Date: January 25
Inclusion Education is the working name of Inclusion Education CIO registered number 1162711			

Inclusion Education will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual young person.

Inclusion Education will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.

A 'staff training record' sheet will be completed to document the level of training undertaken.

Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

25.3 Learners/students

Generally, all learners/students are very respectful of an individual's needs. In some situations, training on a medical need can be arranged for friends or a class. This is always carefully planned in liaison with the parent/carer and the young person.

26. Supply Staff

On the occasions that the school/college/provision requires a support position to be covered by supply staff, the headteacher/provision lead will inform them of everything they need to know on the day.

Rarely, a supply teacher be used if it cannot be covered in house, if this is the case then a suitable member of staff will usually give a brief induction, handing over any important information.

27. Unacceptable Practice

The Board of Trustees should ensure that this policy is explicit about what practice is not acceptable. Although staff should use their discretion and judge each case on its merit with reference to the young person's Individual Health Care Plan, it is not generally acceptable practice to:

- Prevent young people from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every young person with the same condition requires the same treatment;
- Ignore the views of the young person or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send young people with medical conditions home frequently or prevent them from staying for normal school/college/provision activities, unless this is specified in their Individual Health Care Plans;
- If the child becomes ill, send them to the school/college/provision office or medical room unaccompanied or with someone unsuitable.
- Penalize young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent learner/students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents/carers, or otherwise make them feel obliged, to attend school/college/provision to administer medication or provide medical support to their child. ; or
- Prevent children/young people from participating, or create unnecessary barriers to young people participating in any aspect of school/college/provision life, including education visits, e.g. by requiring parents/carers to accompany their child.

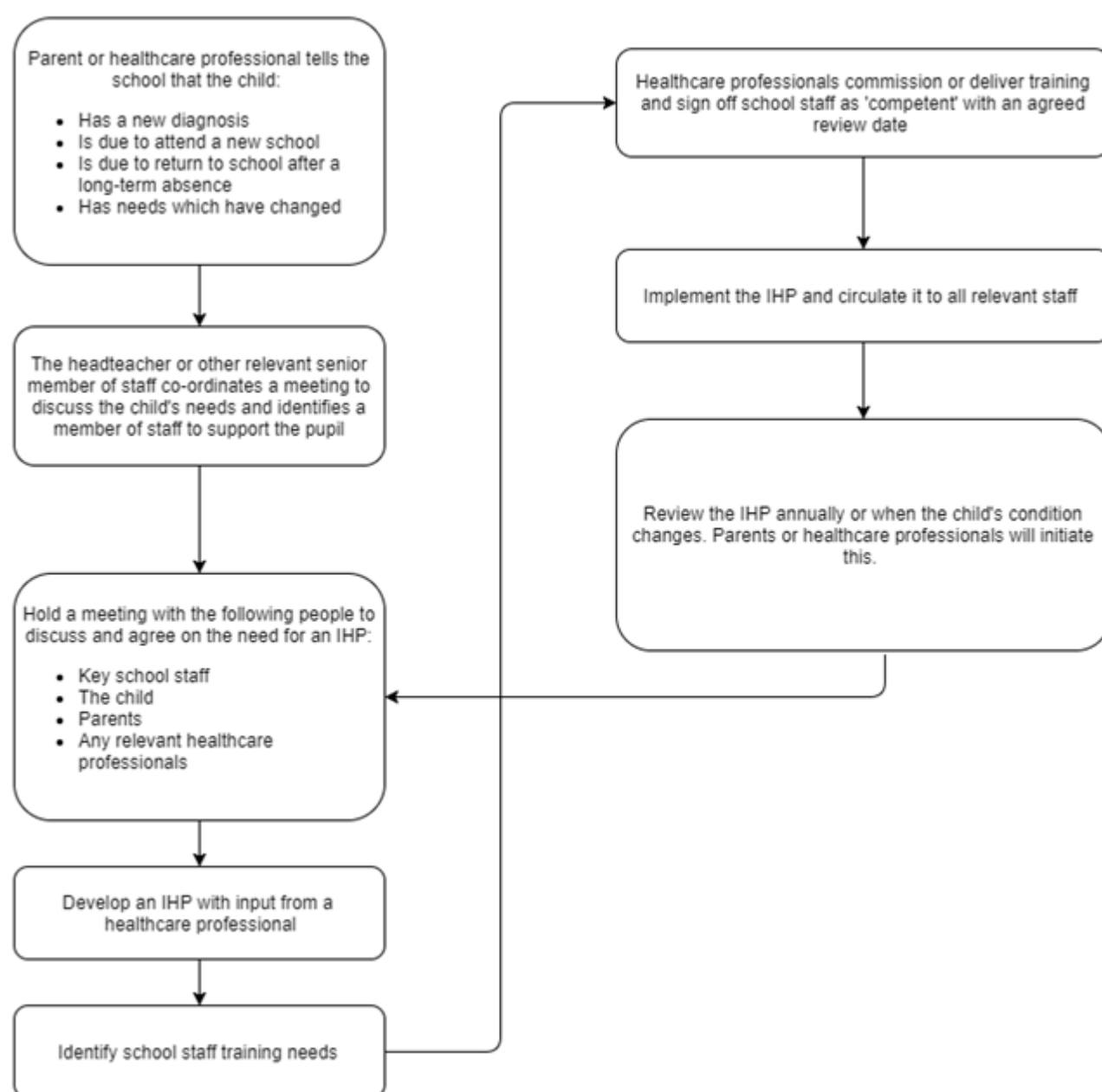
Author: E Barnard	Title: Medication / illness	Ref:	Date: January 25
Inclusion Education is the working name of Inclusion Education CIO registered number 1162711			

28. Liability and indemnity

The Board of Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects Inclusion Education's level of risk.

29. Complaints

Parents/carers with a complaint about their young person's medical condition should discuss these directly with the Headteacher/provision lead in the first instance. If they cannot resolve the matter, they will direct parents/carers to the Inclusion Education complaints procedure.



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