



**SOUTH DOWNS**  
— **LEARNING TRUST** —

# **SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY**

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## **Revision Log (last 5 changes)**

<b>Date</b>	<b>Version No</b>	<b>Brief detail of change</b>
26/02/24	2.0	<b>Revisions</b> more references in section 1.1, change of reference from school nursing team to school health team in 4.6
		<b>Additions</b> sections 1.4, 4.12, 6.5, 6.6, 11.3, 12.2, 12.3 bullet points to section 3.1

## **OUR VISION**

**A community of primary and secondary academies that are the first choice for students and families in Sussex, with an outstanding reputation for high aspiration and high achievement**

# Supporting Students with Medical Conditions Policy

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# 1. Introduction

1.1 The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.

Where students have a disability, the requirements of the Equality Act 2010 will also apply. Where students have an identified special need, the SEN Code of Practice will also apply.

All students have a right to access the full curriculum, adapted to their medical needs, and to receive the on-going support, medicines or care that they require at the Academy to help them manage their condition and keep them well.

It is recognised that medical conditions may impact on social and emotional development as well as having educational implications.

Each school will build relationships with healthcare professionals and other agencies in order to support effectively students with medical conditions.

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions, Department for Education (DfE) 2015
- Special educational needs and disability code of practice: 0 to 25 years, DfE 2015
- Mental Health and behaviour in schools, DfE 2018
- Equalities Act 2010
- Schools Admissions Code, DfE 2021
- ESCC SEND Strategy
- SEND MATRIX <https://czone.eastsussex.gov.uk/inclusion-and-send/sen-matrix/the-matrix/>
- East Sussex policy for the education of children and young people unable to attend school because of health needs (link: <https://www.eastsussex.gov.uk/educationandlearning/schools/attendance-behaviour/too-sick/> )
- ISEND Front Door <https://czone.eastsussex.gov.uk/inclusion-and-send/isend-front-door-referrals/> and include the following documents: Additional Needs Plan or Individual Health Care Plan (IHCP), registration certificate and current medical evidence. Potential referrals can be discussed with TLP - 01273 336888

1.2 This policy should be read in conjunction with the following school policies:

***SEN Policy, Safeguarding Policy, Off-site visits policy, Complaints Procedure.***

1.3 This policy was developed with the Governing Board, Senior Leadership Team and Medical Room staff and will be reviewed annually.

1.4 Systems are in place to ensure that the Designated Safeguarding Lead is kept informed of arrangements for children with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child.

## 2. Definitions of medical conditions

2.1 Students' medical needs may be broadly summarised as being of two types:

**Short-term** affecting their participation at school because they are on a course of medication.

**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that student's feel safe.

2.2 Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice which explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For students who have medical conditions that require EHCPs, compliance with the SEND code of practice will ensure compliance with this policy in respect to those children.

## 3. The role of the Trust board

3.1 The trust board remains legally responsible and accountable for fulfilling their statutory duty for supporting students at school with medical conditions. The trust board is responsible for determining the Academy's general policy and ensuring that arrangements are in place to support students with medical conditions. The Trust board fulfils this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);

- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notification is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions and that they are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed (see section below on individual healthcare plans);
- Ensuring that the policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section on liability and indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section on complaints).

## **4. Roles and responsibilities**

### **4.1 Each school will be responsible for:**

1. Informing relevant staff of medical conditions;
2. Arranging training for identified staff. This training will include universal training (e.g. first aid at work) and, as required, that which is necessary to deliver specific support for a student's condition (e.g. administration of medication, management of feeding). Training will be sufficient to ensure staff are competent and have confidence to fulfil the requirements set out in IHCPs;
3. Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and, where appropriate, taking the lead in communicating this information;
4. Assisting with risk assessment for school visits and other activities outside the normal timetable;
5. Developing, monitoring and reviewing IHCPs;

6. Working together with parents, students, healthcare professionals and other agencies.

4.2 The overall responsibility for the implementation of this policy is given to the Headteacher. The Headteacher is responsible for:

1. Overseeing the management and provision of support for students with medical conditions;
2. Ensuring that sufficient, appropriately-trained numbers of staff are available to implement the policy and deliver IHCPs, including to cover absence and staff turnover;
3. Ensuring that academy staff are appropriately insured and are aware that they are insured.

4.3 The Executive Business Manager will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

4.4 Each school will designate a named person responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each student and making sure relevant staff are aware of these plans.

4.5 All members of staff are responsible for:

1. The day-to-day management of the medical conditions of students they work with, in line with training received and as set out in IHCPs;
2. Working with the named person, ensuring that risk assessments are carried out for educational visits and other activities outside the normal timetable;
3. Providing information about medical conditions to supply staff, who will be covering their role where the need for supply staff is known in advance.

N.B. Any teacher or support staff member may be asked to provide support to a student with a medical condition, including administering medicines. However, no member of staff can be required to provide this support. Staff must not give prescription medicines or undertake health care procedures without appropriate training.

4.6 In addition schools can refer to the **School Health Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to students with medical conditions.

4.7 **Other healthcare professionals**, including GPs and paediatricians should notify the School Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

4.8 **Students** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

4.9 **Parents/carers** should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4.10 **East Sussex County Council (ESCC)** will work with us to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. The ISEND Teaching and Learning Provision (TLP) provides educational support for children and young people aged 5 to 16 who are unable to attend school full-time as a result of illness or medical disability.

4.11 **Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

4.12 The **Ofsted** common inspection framework promotes greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

## **5. Procedure to be followed when notification is received that a student has a medical condition**

5.1 This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when students' needs change. For children being admitted to a school in South Downs Trust for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to a school in the South Downs Trust mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

5.2 In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and students can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

5.3 Each school will liaise with relevant individuals including, as appropriate, parents, the individual student, health professionals and other agencies, to decide on the support to be provided to the student.

5.4 Where appropriate, an IHCP will be drawn up.

5.5 We will ensure that staff are properly trained and supervised to support students' medical conditions and will be clear and unambiguous about the need to actively support students with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all students' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

5.6 Each school in the South Downs Trust does not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, these discussions will be led by the Year Leader, and then an individual healthcare plan will be written in conjunction with the parent/carers by the named person, and put in place.

## **6. Individual healthcare plans (IHCPs)**

6.1 An IHCP will help to ensure that the academy effectively supports students with medical conditions. An IHCP will be written for students with a medical condition that is long term and complex. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher is best placed to take a final view.

6.2 IHCPs will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the pupil effectively. IHCPs will clarify what needs to be done, when and by whom and will include information about the student's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency. Plans will capture the key information and actions that are required to support the student effectively. The level of detail within the plan will depend on the complexity of the student's condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support.

6.3 Where a student has SEN but does not have an EHCP, their special educational needs should be mentioned in their ANP or IHCP, where these are in place.

6.4 IHCPs will be reviewed annually, or earlier if evidence is provided that a student's needs have changed. They will be easily available to all who need to refer to them, whilst preserving confidentiality. Where a pupil is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.



6.5 Where home to school transport is being provided by East Sussex County Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where pupils have a life-threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to be followed in the event of an emergency. In the event that home to school transport is not being provided by East Sussex County Council, the risk assessment and healthcare plan will be shared as appropriate.

6.6 IHCPs will suit the specific needs of each pupil, but all will include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects, storage and expiry) 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;
- 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 pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, this should 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 pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required;
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/pupil, the designated individual is to be entrusted with information about the pupil's condition; and
- What constitutes an emergency for the individual child, procedures to be followed in an emergency, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **7. Administering medicines**

7.1 Written consent from parents must be received before administering any medicine to a student at the Academy.

7.2 Medicines will only be accepted for administration if they are:

1. Prescribed;

2. In date;
3. Labelled;
4. Provided in the original container, as dispensed by a pharmacist, and they include instructions for administration, dosage and storage. Inside The exception to this is insulin, which must be in date but will generally be available an insulin pen or pump, rather than in its original container.

7.3 Medicines should be stored safely. Students should know where their medicines are at all times.

7.4 Written records will be kept of all medicines administered to students.

7.5 Schools are permitted to purchase and store salbutamol inhalers and spacers to treat asthma attacks in emergencies where the student's personal inhaler is unavailable. A headed letter signed by the Headteacher stating the quantity and intended purpose must be provided to the supplier in order to facilitate this. An emergency kit with the following contents should be assembled once purchased, containing:

1. salbutamol metered dose inhaler
2. at least two compatible plastic spacers
3. instructions on use
4. instructions on cleaning
5. manufacturer's information
6. inventory of inhalers including batch number and expiry date
7. monthly check records
8. arrangements for replacing equipment
9. a list of students permitted to use inhaler as per IHCPs
10. records of use of equipment

7.7 The Academy must develop a formal process for the storage and care of the equipment, which should detail at least two individuals, one of which should be the named person responsible for students with medical needs, responsible for:

1. monthly checks that the equipment is working and sufficient doses remain
2. replacement equipment is obtained following use or expiration dates
3. replacement spacers are available for use
4. inhaler housings are cleaned, dried and returned to storage after use
5. the kit is stored as per manufacturer's requirements in a central location away from student's allocated inhalers

7.8 The emergency inhaler should be used only by those who have been prescribed a reliever inhaler AND have written parental consent to use an emergency inhaler.

7.9 For further information please consult the Department of Health Guidance on the use of emergency salbutamol inhalers in schools March 2015.

## **8. The child's role in managing their own medical needs**

8.1 If, after discussion with the parent/carer, it is agreed that the student is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

8.2 If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

## **9. Managing medicines on school premises and record keeping**

9.1 At schools in South Downs Trust the following procedures are to be followed:

1. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
2. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
3. With parental written consent we will administer non-prescription medicines with the exception of aspirin or aspirin containing medicines, unless it is prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed.
4. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
5. We will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
6. Medicine must be handed to The Medical Room staff member as soon as the student arrives at school.
7. All medicines will be stored safely in the Medical Room. All non-emergency medication will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines.
8. Students will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility, (Medical Room staff member).
9. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in The Medical Room and not locked away. Asthma inhalers should be marked with the child's name.
10. A student who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another student for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. Controlled drugs should be easily accessible in an emergency. In cases of emergency the key must be readily available to all members of staff to ensure access. A record should be kept of any doses used and the amount of the controlled drug held in the school;
11. Staff administering medicines should do so in accordance with the prescriber's instructions. Ratton School will keep a record of all medicines administered to individual students stating what, how and how much was administered, when

and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to students. These records offer protection to staff and students and provide evidence that agreed procedures have been followed;

12. Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual student's medicine record before any dose is given, etc.
13. When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## **10. Emergency procedures**

10.1 The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process

10.2 Where a student has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

10.3 If a student needs to be taken to hospital, staff will stay with them until the parent arrives, or accompany a child taken to hospital by ambulance. The school is aware of the local emergency services cover arrangements and the correct information will be provided for navigation systems.

## **11. Activities beyond the normal curriculum**

11.1 Reasonable adjustments will be made to enable students with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.

11.2 When carrying out risk assessments, parents/carers, students and healthcare professionals will be consulted where appropriate and will be informed by our Offsite Visits Policy.

11.3 The school will assess the suitability of work experience (WEX) placements, with support from the WEX Team. The risk assessment will include the activities being undertaken, travel to and from the placement, supervision during non-teaching time or breaks and lunch hours. This will not conflict with the responsibility of the employer to undertake a risk assessment to identify the significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

## **12. Unacceptable practice**

12.1 The following items are not generally acceptable practice with regard to students with medical conditions, although South Downs Academy Trust schools staff will use discretion to respond to each individual case in the most appropriate manner:

1. Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
2. Assume that every student with the same condition requires the same treatment;
3. Ignore the views of the student or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
4. Send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
5. Send a student who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;
6. Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
7. Prevent students from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
8. Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
9. Prevent students from participating, or creating unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

12.2 A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include administration of:

- a medication to the wrong student
- the wrong medication to a student
- the wrong dosage of medication to a student
- the medication via the wrong route
- the medication at the wrong time
- missing a dose of medication.

12.3 Each medication error must be reported to the Headteacher, DSL and the parents. The incident will also be reported via the ESCC online incident reporting system. Procedures are in place to minimise the risk of medication errors, including auditing errors and preventing recurrence.

### **13. Liability and indemnity**

13.1 The Trust's insurers advise that the employers' and public liability covering all Academies meets the needs of the Trust in relation to the matters covered by this policy. It is incumbent upon the Trust and its Academies to ensure that all staff undertaking work with students who have medical needs are fully trained and qualified for the role that they discharge, and that limitations in training and qualifications are respected. Where necessary, risk assessments must be in place.

### **14. Complaints**

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

14.2 If the issue is not resolved, then a formal complaint may be made, following the Trust's complaints procedure.

## **15. Equality impact statement**

15.1 South Downs Trust will do all it can to ensure that this policy does not discriminate against any individual, directly or indirectly. South Downs Trust will do this through regular monitoring and evaluation of policies. On review, the Trust shall assess and consult relevant stakeholders on the likely impact of policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but will not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity.