Cornwall Education Learning Trust

Supporting Pupils with Medical Conditions

Safeguarding Policy Suite

Cornwall Education Learning Trust Policies
Cornwall Education Learning Trust (CELT), Atlantic Centre, Trenance Leisure Park, Newquay, Cornwall TR7 2LZ

Our Mission

At Cornwall Education Learning Trust (CELT), our mission is clear: to provide every learner with an **exceptional educational experience.** One that enables them to thrive, achieve and succeed in life. We believe in a **100%** mindset, that every learner, in every classroom, in every school, deserves the very best we can offer. For us, 100% means no compromise: no learner left behind, no community overlooked, and no opportunity wasted.

Our strategic goals reflect this ambition. We are committed to empowering and growing our people, building an ambitious all-through entitlement, forging exceptional relationships with our communities, transforming provision through meaningful partnerships, and leading an ethical, effective and innovative organisation. These are not just aspirations; they are promises that shape the way we work and the culture we are building together.

Our Values

Our values are at the heart of everything we do. We believe in the power of **Collaboration**, building strong relationships and working together as one team to achieve our collective goals. We are committed to **Empowerment**, creating a culture where initiative, innovation and trust flourish, and where every individual feels valued, respected and motivated.

As a Trust, we are grounded in promoting **Leadership**, sharing a moral and ethical purpose to improve the lives of others and make a lasting difference for our learners and communities. And we embrace **Transformation**, approaching change positively so that we can all become our best selves and do our best work.

These values guide every decision we make and every action we take. They are the foundation of our Trust and the reason we can offer such exceptional opportunities for our learners and staff. If you choose to join CELT, you will be part of a values-driven organisation where people are supported to grow, contribute, and thrive.

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1. Policy Overview

1.1 Safeguarding commitment

"It could happen here." We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We make every effort to provide an environment in which children and adults feel safe, secure, valued and respected, and feel confident to talk if they are worried, believing they will be effectively listened to. The purpose of this policy is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure at Cornwall Education Learning Trust (CELT). The policy also informs parents and carers how we will safeguard their children whilst they are in our care.

At Cornwall Education Learning Trust (CELT) we are committed to safeguarding and promoting the welfare of children and we expect all trustees, community champions, staff and volunteers to share this commitment. This policy is part of the following suite of annually updated safeguarding policies.

1.2 Policy Approval and Review

Policy Version Number:	5
Approved By:	Trustees
Approved On (Date):	10th September 2026
Review Period:	Annually by end of September 2027

This policy will be reviewed and approved by the board of trustees every year.

1.3 Policy Version History

Policy Version	Date Issued	Summary of Changes
1	30.11.2022	First Issue – No Changes
2	11.05.2023	Supporting children with health needs who cannot attend school updated
3	23.08.2024	Updated medication procedure
4	17.08.2025	Pupils/students to learners Link to controlled drug protocol Use of emergency Asthma inhaler Appendix 4 – returning medication form Appendix 5 – Trips/Visits- when controlled medication goes offsite
5	08.08.2026	Allergy awareness Changes are in blue

2. Policy Definitions and Framework

2.1 Aims

We want all learners, as far as possible, to access and enjoy the same opportunities at school as any other learner. This will include actively supporting learners with medical conditions to participate in school trips, visits and/or in sporting activities.

No child with a medical condition will be denied admission or prevented from taking up a place at a CELT school because the school does not feel it is able to support them. Where attendance would be detrimental to the health or safety of the child or others, CELT's safeguarding duties and procedures will apply.

Definitions

Definition of medical condition
For the purposes of this policy, a medical condition is any illness or disability which a learner has. It can be:

- physical or mental
- a single episode or recurrent
- short-term or long-term
- relatively straightforward (e.g. the learner can manage the condition themselves without support or monitoring) or complex (requiring on-going support, medicines or care whilst at school to help the learner manage their condition and keep them well)
- involving medication or medical equipment
- affecting participation in school activities or limiting access to education

2.2 Legislation and Statutory Framework

This policy is based on the Children and Families Act 2014, the Education Act 2002, Children Act 1989, Children Act 2004, Equality Act 2010, the SEND Code of Practice 2014 and supporting learners with medical conditions at school.

This policy should be read in conjunction with statutory documents: 'Supporting pupils at school with medical conditions', 'Keeping Children Safe in Education' (2026), 'Working Together to Safeguard Children' (2026).

This policy should also be read in conjunction with CELT's Allergy Safety Policy and our safeguarding suite of policies and intimate care policy.

2.3 Equal Opportunities

CELT is clear about the need to actively support learners with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

CELT will consider what reasonable adjustments need to be made to enable these learners to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that learners with medical conditions are included. In doing so, learners, their parents or carers and any relevant healthcare professionals will be consulted.

2.4 Safeguarding

An incident relating to the management of a child's medical condition (including allergies) would not, by itself, warrant a referral to local safeguarding partners. A safeguarding referral should only be made where an incident highlights concern that a child may be at increased risk of being neglected, abused or exploited because of their medical condition. Examples include where relevant information about a child's medical condition is not provided to the school, or where a child is repeatedly sent to school without essential medication, putting them at risk. Where staff have concerns of this nature, they must follow the school's child protection and safeguarding policy.

3. Roles and Responsibilities

3.1 Responsibilities

Supporting a learner with a medical condition during school hours is not the sole responsibility of one person. The school will aim to work cooperatively with other agencies such as healthcare professionals, social care professionals (where appropriate) and the local authority in addition to the learner and their family. Different groups within school have different responsibilities.

Please see Safeguarding Suite School Level Context Appendix on the school's website for individual school leads.

3.2 The Board of Trustees

As a proprietor CELT has a legal duty to make arrangements for supporting learners at the school with medical conditions. The board of trustees has delegated this responsibility to the school.

Where a learner has an allergy, the school's Allergy Safety Policy must also be considered when making decisions or taking action.

3.3 The Headteacher

The headteacher will ensure:

- all staff are aware of the policy and understand their role in its implementation
- individual healthcare plans are prepared where appropriate and are monitored and updated (where appropriate)
- that sufficient staff are suitably trained to meet the known medical conditions of learners at the school
- all relevant staff are made aware of the learner's medical condition and supply teachers are properly briefed
- cover arrangements are in place to cover staff absences and turnover to ensure that someone is always available and on site
- risk assessments for school visits and other school activities outside of the normal timetable are completed
- allocate the responsibility for supporting children with medical needs to a member of the SLT
- Ensure that arrangements are in place for all pupils at risk of anaphylaxis to have an up-to-date Allergy Action Plan and access to prescribed adrenaline auto-injectors whilst on the school site and during all educational visits and activities.
- Ensure that allergy management and emergency anaphylaxis procedures are regularly reviewed as part of the school health and safety arrangements.

3.4 Senior Leader responsible for medical needs:

- oversee the development of individual healthcare plans and review these on an annual basis
- ensure that any action agreed by the school in the healthcare plan is carried out and ensure that information regarding medical needs is up to date and shared with members of the school community
- ensure the local procedures regarding managing medicines is robust and information is communicated with all learners facing staff effectively

3.5 Appointed person/ Lead First Aider

The appointed person responsible for children with a medical condition will:

- oversee the development of individual healthcare plans and individual allergy health care plans, reviewing these on an annual basis with parents and carers, teaching staff and the member of SLT responsible for supporting children with medical needs
- ensure that any action agreed by the school in the healthcare plan is carried out
- oversee the training needs for staff members who need specific support
- ensure that the school's management information system is updated with medical needs to enable a whole-school overview and class/tutor group context pages to be produced

- ensure that medical needs lists are kept up to date and that all medicine stored on site is in date
- they should ensure local procedures are robust and systems effective

3.6 School staff

All staff should:

- be aware of the medical needs of learners they teach
- be aware of learners across the school who have a 'high-risk' medical need (who is diagnosed as having a condition that may require an emergency response)
- contribute to the individual healthcare plans where appropriate and may be asked to provide support to learners with medical conditions, including the administering of medicines, although they cannot be required to do so
- receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support learners with medical conditions
- know what to do and respond accordingly when they become aware that a learner with a medical condition needs help
- Understand how to recognise the signs and symptoms of an allergic reaction and anaphylaxis and know how to summon emergency assistance without delay.
- Follow the pupil Allergy Action Plan and the school Allergy Safety Policy when responding to a suspected allergic reaction.

3.7 Parents and carers

Parents and carers will:

- provide the school with sufficient and up-to-date information about their child's medical needs
- be involved in the development and review of their child's Individual Healthcare plan (IHCP) and may be involved in its drafting
- carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.8 Learners

Learners with medical conditions will often be best placed to provide information about how their condition affects them. Learners should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs as is age-appropriate.

3.9 Health Professionals

Healthcare professionals, including GPs and paediatricians, may provide advice on developing IHCPs. Specialist local health teams may be able to provide support in schools

for children with particular conditions. Healthcare professionals will lead on identifying the type and level of training required by staff and will agree this with the headteacher.

4. Identifying and Planning for Medical Needs

4.1 Information from parents and carers

All parents and carers are asked to complete a medical record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These are updated every 12 months via the collection forms.

Parents and carers must notify the school immediately of any diagnosed allergy, suspected allergy requiring investigation, changes to prescribed medication, amendment to allergy action plans or any anaphylactic episode occurring outside school.

4.2 When a medical condition is reported

When a CELT school is notified that a learner has a medical condition, the process outlined below will be followed to decide whether the learner requires a healthcare plan. The school, details of who are in the school safeguarding policy appendix, will make every effort to ensure that arrangements are put into place within a week, or by the beginning of the relevant term for learners who are new to our school.

1. Parent/carer or healthcare professional tells the school that the child:
a. has a new diagnosis
b. is due to attend a new school
c. is due to return to school after a long-term absence
d. has needs which have changed

2. The headteacher or nominated member of SLT or appointed person has a meeting to discuss learners needs and identifies a member of staff to support the learner.

3. Hold a meeting with the following people to discuss the need for the healthcare plan

a. key school staff
b. learner
c. parent or carer
d. any relevant healthcare professionals

4. Develop healthcare plan

5. School identifies training needs

6. Healthcare professionals commission or deliver training and advise appropriate next steps with an agreed review date.

7. Implement healthcare plan and circulate to relevant staff.

8. Review the health care plan annually or when the learner's condition changes. Parents or healthcare professionals will initiate this.

Where a learner has a known or newly diagnosed food or insect-sting allergy, the school will refer to its Allergy Safety Policy and take immediate steps to put in place or update an allergy action plan and relevant risk management measures without delay.

4.3 Individual health care plans (IHCP)

An Individual Healthcare Plan (IHCP) supports the school to meet a learner's medical needs safely and effectively. It provides clarity about the learner's needs, the support required, what action should be taken, when and by whom.

Not all learners with a medical condition will require an IHCP. The need for a plan will be determined on an individual basis, taking account of the nature and complexity of the learner's condition, the level of support required and the potential impact on their health, wellbeing, safety and access to education.

An IHCP is particularly likely to be appropriate where:

a medical condition is long-term, complex or fluctuating;

there is a risk that emergency intervention may be required;

the learner requires regular medication, monitoring or medical equipment during the school day;

the learner requires a healthcare procedure to be undertaken during the school day; or

specific arrangements or adjustments are required to enable the learner to participate safely and fully in education and wider school life.

This may include learners with conditions such as epilepsy, Type 1 diabetes, asthma or severe allergies, and learners with any other condition that may require an emergency response or ongoing healthcare support.

IHCPs will be developed using the CELT proforma (Appendix 1) in partnership with the learner, their parents or carers, relevant school staff and, where appropriate, healthcare professionals.

4.4 Content of an Individual health care plans (IHCP)

The content and level of detail within an IHCP will be proportionate to the learner's individual needs and the complexity of the support required.

Where relevant, an IHCP will include:

- the medical condition, including its triggers, signs, symptoms and treatment;
- the learner's resulting needs, including medication, medical equipment, access to food and drink, dietary requirements or environmental considerations;
- specific support required for the learner's educational, social and emotional needs;
- any reasonable adjustments required to support access to education and wider school life;
- the level and nature of support required;
- who will provide the support, including any training or competency requirements;
- confirmation of competency from an appropriate healthcare professional where a specific healthcare procedure is required;
- which members of staff need to be aware of the learner's condition and the support required;
- arrangements for the administration or self-administration of medication, including the necessary permissions;
- any specific arrangements required for educational visits, off-site activities or sporting activities;
- what constitutes an emergency and the action to be taken, including who should be contacted and any contingency arrangements; and
- any other arrangements necessary to support the learner safely and effectively.

Where a learner has a known food or insect-sting allergy, their Allergy Action Plan will be attached to or referenced within their IHCP, where an IHCP is required. An Asthma Action Plan will similarly be incorporated or referenced where relevant.

A learner prescribed an adrenaline auto-injector must have an up-to-date Allergy Action Plan and should normally have an IHCP unless an individual assessment determines that a separate healthcare plan is not required.

Where a learner is returning to school following hospital education, home tuition or alternative provision, the school will work with the learner, their parents or carers, the local authority, education provider and relevant healthcare professionals, as appropriate, to ensure that the IHCP identifies the support and adjustments required for effective reintegration.

4.5 Learners with SEND and EHCP

A learner's medical needs and special educational needs may be related but should be considered distinctly.

Where a learner has SEND but does not have an Education, Health and Care Plan (EHCP), any special educational needs that are relevant to the management of their medical condition or the support set out in the IHCP should be reflected within the plan.

Where a learner has an EHCP, the IHCP should be linked to, or where appropriate form part of, the EHCP so that health, education and SEND provision is coordinated effectively. The school will ensure that the arrangements within the IHCP are consistent with the provision specified in the EHCP and are reviewed alongside other relevant plans where appropriate.

4.6 Reviewing IHCPs

Every IHCP shall be reviewed at least annually. The designated member of staff, as soon as practicable, contact the child's parents or carers and the relevant healthcare provider to ascertain whether the current IHCP is still needed or needs to be changed. If the school receives notification that the child's needs have changed, a review of the IHCP will be undertaken as soon as practicable.

Where practicable, staff who provide support to the learner with the medical condition shall be included in any meetings where the child's condition is discussed.

5. Staff training and support

CELT will ensure that staff have the knowledge, training and competency appropriate to their role to support learners with medical conditions safely and effectively. Training will be proportionate to the learner's needs and the responsibilities undertaken by individual members of staff.

5.1 Whole-School Awareness

All staff will receive appropriate awareness training so that they understand this policy, their responsibilities and the action to take if a learner with a medical condition requires assistance or emergency support.

Staff will be made aware of the medical needs of learners they work with and of any learners with high-risk medical needs where knowledge of the condition and emergency response is necessary to keep the learner safe.

Whole-school awareness will be included within annual training and reinforced through appropriate briefings and updates. Arrangements will include new starters, temporary and supply staff, regular volunteers and relevant staff working in wraparound, breakfast and after-school provision.

5.2 Role-Specific Training

Any member of staff providing specific support to a learner with a medical condition will receive training appropriate to the support they are required to provide and the requirements of the learner's Individual Healthcare Plan (IHCP).

Training needs will be identified as part of the planning process and, where appropriate, with advice from relevant healthcare professionals. Training will enable staff to:

- understand the medical condition and its implications for the learner;
- recognise relevant signs, symptoms and potential risks;
- understand any preventative or precautionary measures;
- provide the support specified within the learner's IHCP; and
- respond appropriately should the learner require medical or emergency assistance.

Staff responsible for administering medication will receive appropriate training before undertaking this responsibility.

5.3 Competency to undertake healthcare procedures

Staff will not undertake complex or specialist healthcare procedures unless they have received appropriate training and have been assessed as competent to do so.

Where a healthcare procedure requires specialist training or assessment of competency, an appropriate healthcare professional will advise on the training required and confirm the member of staff's competency to undertake the procedure.

Training will be refreshed or updated where required, including where a learner's needs, treatment or healthcare arrangements change.

5.4 Allergy and anaphylaxis awareness

All staff will receive annual allergy and anaphylaxis awareness training proportionate to their role.

Training will include:

- recognising the signs and symptoms of an allergic reaction and anaphylaxis;
- understanding the importance of acting without delay;
- knowing how to access and administer an adrenaline auto-injector (AAI);
- understanding the school's emergency arrangements; and
- knowing when and how to contact emergency services.

Staff with specific responsibilities for learners at risk of anaphylaxis will receive any additional training necessary to implement the learner's Allergy Action Plan and Individual Healthcare Plan, where applicable.

5.5 Training records

Schools will maintain appropriate records of medical training undertaken by staff, including role-specific healthcare training and allergy and anaphylaxis training.

Training records will be reviewed regularly to ensure that required training remains current and that sufficient appropriately trained staff are available to meet the known medical needs of learners.

Where competency to undertake a specific healthcare procedure is required, evidence of training and confirmation of competency will be retained in accordance with CELT's record-keeping arrangements.

6. Managing medicines in school

6.1 Principles for Managing Medicines

Medicines will only be administered at school where it would be detrimental to a learner's health or attendance not to do so.

Arrangements for medicines will be individual to the learner and, where appropriate, reflected in their Individual Healthcare Plan (IHCP). Medicines will be managed in a way that promotes the learner's safety, dignity, independence and access to education.

Staff administering medicines will have received appropriate information and training and will follow the learner's agreed arrangements and CELT procedures.

6.2 Consent

Written parental or carer consent and appropriate instructions must be in place before medication is administered to a learner under the age of 16, except where the medicine has been prescribed to the learner without the knowledge of their parents or carers or where emergency arrangements provide otherwise.

CELT schools may obtain written general consent at the beginning of the academic year for the administration of specified non-prescription pain relief, such as paracetamol (including Calpol in primary schools).

Where general consent is held, parents or carers will be contacted on each occasion before non-prescription medication is administered. Where written consent expressly states that consent has not been given, verbal consent will not subsequently be sought.

6.3 Administering Medicines

Medicines will be administered in accordance with the written instructions provided on the dispensing label and any arrangements set out within the learner's IHCP.

Before administering medicine, staff will check, as appropriate:

- the learner's identity;

- the name of the medicine;
- the prescribed or agreed dose;
- the method of administration;
- the time the medicine should be administered;
- when the previous dose was administered;
- any relevant expiry date; and
- any specific instructions or precautions.

The school will not alter the dosage of prescribed medication on parental or carer instruction alone where this differs from the dispensing label or written instructions provided by the prescriber.

Medicines will not be administered in a school toilet or other inappropriate environment.

6.4 Prescribed and Non-Prescribed Medicines

Prescribed medicines will only be accepted where they are in date, appropriately labelled stating the learners name and date of birth and supplied in the original container as dispensed by a pharmacist, with instructions for administration, dosage and storage. The exception is insulin, which may be supplied in an insulin pen, pump or other appropriate delivery device.

Medication must be accompanied by the required written information and consent from the learner's parent or carer.

Non-prescription medicines will only be administered in accordance with the school's agreed arrangements and parental or carer consent.

Aspirin and ibuprofen will not be administered to a learner under 16 unless it has been prescribed by a doctor.

Where pain relief is administered, staff will check the maximum dosage and when any previous dose was taken and will inform parents or carers in accordance with the school's procedures.

6.5 Storage and Accessibility of Medicines

All medicines will be stored safely and in accordance with the manufacturer's or pharmacist's instructions.

Learners will know where their medicines and medical devices are stored and arrangements will ensure that they can be accessed promptly when required.

Medicines and devices required in an emergency, including asthma inhalers, blood glucose monitoring equipment and adrenaline auto-injectors (AAIs), must be readily accessible and must not be stored in a way that would delay access in an emergency.

Schools will have arrangements for routinely checking medicines held on site, including expiry dates and stock levels. Parents and carers are responsible for providing the school with the learner's required prescribed medication and for ensuring that it remains in date.

6.6 Emergency Medication and Medical Devices

Emergency medicines and medical devices must be immediately accessible to learners and staff who may need to use them.

This includes, where applicable:

- asthma inhalers;
- adrenaline auto-injectors;
- blood glucose monitoring equipment;
- insulin and associated equipment; and
- other emergency medication or equipment identified within a learner's IHCP.

Adrenaline auto-injectors must not be locked away and must be stored at room temperature in an accessible location.

Where a learner is prescribed two adrenaline auto-injectors, both should normally be available to the learner in accordance with their Allergy Action Plan.

Schools will maintain appropriate arrangements for any spare emergency medication they are permitted to hold. Spare AAIs will be clearly identified, readily accessible and stored separately from general first aid supplies. They are not a substitute for a learner's own prescribed AAI.

Schools will have arrangements for monitoring expiry dates and ensuring that emergency medicines and equipment remain available and fit for use.

Further requirements relating to allergies, Allergy Action Plans, spare AAIs and the management of anaphylaxis are set out in CELT's Allergy Safety Policy.

6.7 Medical Emergencies

Where a learner requires urgent medical assistance, staff will act without delay and follow any emergency arrangements set out in the learner's Individual Healthcare Plan (IHCP), Allergy Action Plan or other agreed medical plan.

Emergency medication and medical equipment must be readily accessible and administered where required by appropriately trained staff. Emergency services will be contacted where necessary and parents or carers informed as soon as practicable.

Where a learner is taken to hospital, an appropriate member of staff will accompany them, or remain with them until their parent or carer takes responsibility.

Medical emergencies and the administration of emergency medication will be recorded in accordance with CELT procedures. Following a significant medical incident, relevant plans and risk management arrangements will be reviewed and updated where appropriate.

6.8 Controlled Drugs

Controlled drugs will be managed in accordance with relevant legislation and CELT's Controlled Drugs Protocol.

Controlled drugs held by the school will be securely stored in a non-portable container, with access restricted to authorised staff, while remaining accessible when required for the learner.

A record will be maintained of controlled drugs held and administered. Administration will be recorded and countersigned in accordance with the CELT Controlled Drugs Protocol.

A secondary-age learner who has been prescribed a controlled drug may, where appropriate and following an individual assessment, carry and manage their own medication. Learners must not pass prescribed medication to another person.

6.9 Learners Managing Their Own Medicines

Where learners are sufficiently competent, they will be encouraged to take an appropriate level of responsibility for managing their own medicines and medical devices.

The learner's ability to self-manage will be considered individually, taking account of their age, maturity, medical needs and any advice from parents, carers or healthcare professionals. Arrangements will be reflected within the learner's IHCP where appropriate.

Where safe and appropriate, learners will be permitted to carry their own medicines and medical devices or will be able to access them quickly and easily for self-administration.

Where a learner carries emergency medication, the school will consider whether additional or spare medication should also be held centrally and how quickly it could be accessed if the learner does not have their own medication available.

6.10 Refusal to Take Medication

If a learner refuses to take medication or undertake a necessary healthcare procedure, staff will not force them to do so.

Staff will follow the arrangements set out within the learner's IHCP, where applicable, and inform the parent or carer as appropriate.

Where refusal places the learner at immediate risk or results in a medical emergency, the school's emergency procedures will be followed without delay.

6.11 Expired, Unused and Returned Medicines

Parents and carers must inform the school when a learner no longer requires medication and are responsible for replacing medication when supplies are running low or approaching their expiry date.

Medicines that are no longer required, have expired or need to be removed at the end of the academic year will normally be returned to the parent or carer. A record will be maintained where required of medication returned, including the medication, quantity and reason for return.

Where medication cannot be returned, it will be disposed of safely in accordance with appropriate procedures. Sharps boxes will be used for the disposal of needles and other sharps.

6.12 Record Keeping

Written records will be kept of all medicines administered using the administering medicine record form (Appendix 7) in line with data protection retention of information guidance the school's and privacy notice.

Parents/carers will be informed for serious conditions and injuries. Parents/Carers will always be notified if there is a head injury.

Taking into account the Trust's confidentiality requirements, IHCP are kept in a readily accessible place which all staff are aware of and have access to.

When administering controlled drugs, these will always be counter signed in line with the controlled drug protocol (Safeguarding playbook).

Any administration of adrenaline auto-injectors, allergic reaction requiring first aid intervention, or suspected anaphylactic event must be recorded and reviewed in accordance with the school incident reporting procedures.

Following any use of adrenaline, a review of the incident should take place so that lessons learned can be incorporated into future risk management arrangements.

6.13 Unacceptable practice

CELT staff will use their discretion and judge each case individually with reference to the learner's IHCP, but it is not acceptable to:

- prevent learners from easily accessing their inhalers and medication, and administering their medication when and where necessary
- assume that every learner with the same condition requires the same treatment

- ignore the views of the learner or their parents and carers
- ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs
- if the learner becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise learners for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent learners from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents or 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
- prevent learners from participating or create unnecessary barriers to learners participating in any aspect of school life, including school trips
- administer, or ask learners to administer medicine in a school toilet cubical

7. Managing medicines during educational visits, off-site activities and sport

Learners with medical conditions will be actively supported to participate fully and safely in educational visits, residential experiences, sporting activities and other off-site activities.

A learner will not be prevented from participating solely because of their medical condition. Schools will consider the learner's individual needs and make reasonable adjustments to enable participation wherever possible. Any decision that a learner cannot safely participate will be based on an individual assessment of risk, taking account of relevant medical advice where appropriate.

7.1 Planning and Risk Assessment

Medical needs will be considered as part of the planning and risk assessment for off-site activities.

The visit or activity leader will ensure that:

- the learner's medical needs and any reasonable adjustments are considered;
- relevant information is obtained from the learner, parents or carers and, where appropriate, healthcare professionals;

- appropriate staffing, supervision and emergency arrangements are in place;
- staff accompanying the activity have the information, training and competency required to support the learner; and
- any additional risks associated with the learner's medical condition are identified and appropriately managed.

Arrangements will be proportionate to the learner's individual needs and the nature of the activity.

7.2 Individual Healthcare Plans

Where a learner has an Individual Healthcare Plan (IHCP), the visit or activity leader will consider the plan as part of the planning process and ensure that relevant arrangements can be implemented while the learner is off site.

Relevant staff accompanying the learner will understand the support required, any reasonable adjustments, what constitutes a medical emergency and the action to take.

Where necessary, additional arrangements will be agreed with the learner, parents or carers and relevant healthcare professionals before the activity takes place.

7.3 Medicines and Medical Equipment

Learners must have access to all medication and medical equipment they may require while participating in an off-site activity.

Emergency medication and equipment, including asthma inhalers, adrenaline auto-injectors and equipment required to manage diabetes, must accompany the learner and be readily accessible throughout the activity.

Appropriate arrangements will be made for the safe storage, administration and recording of medicines while off site.

Controlled drugs taken off site will be managed and recorded in accordance with CELT's Controlled Drugs Protocol.

7.4 Allergies and Anaphylaxis

Where a learner is at risk of anaphylaxis, the visit or activity leader will review the learner's Allergy Action Plan as part of the planning process.

Staff accompanying the learner will:

- understand the learner's known allergens and relevant risk-management arrangements;
- know where the learner's adrenaline auto-injectors are located and ensure they remain immediately accessible;
- understand how to recognise and respond to anaphylaxis; and

- know the emergency action required.

Where appropriate, an allergy-specific risk assessment will be completed for educational visits, residential experiences, adventurous activities or other activities where the nature or location of the activity presents additional risk.

Further requirements for managing allergies and anaphylaxis are set out in CELT's Allergy Safety Policy.

7.5 Emergency Arrangements

Appropriate emergency arrangements will be established before the activity takes place and communicated to relevant staff.

Where a learner has an IHCP or Allergy Action Plan, staff will understand what constitutes an emergency and the action they are required to take.

Emergency arrangements will take account of the location and nature of the activity, access to emergency services, communication with the school and parents or carers, and any contingency arrangements required by the learner's medical needs.

Where emergency medical assistance is required, staff will contact the emergency services without delay. If a learner needs to be taken to hospital, an appropriate member of staff will accompany them or remain with them until their parent or carer takes responsibility, in accordance with the school's emergency arrangements.

8. Supporting children with health needs who cannot attend school

CELT is committed to ensuring that learners who are unable to attend school because of physical or mental health needs continue to receive a suitable education and remain connected to their school community. Wherever possible, schools will work with the learner, parents or carers and relevant professionals to remove barriers to attendance, make reasonable adjustments and support the learner to access education within their school.

Where a learner is temporarily unable to attend school because of their health, the school will consider how suitable education can be maintained, taking account of the learner's age, ability, aptitude, special educational needs and health. Arrangements will be proportionate to the learner's individual circumstances and may include appropriately adapted schoolwork, remote education or other suitable arrangements where these support continuity of education and are consistent with the learner's health needs.

Schools will work collaboratively with the local authority and provide relevant information where it becomes clear that a learner is likely to be unable to attend school because of health needs for 15 school days or more, whether consecutively or cumulatively during

the school year. Where it is clear from the outset that a learner is likely to experience a lengthy or recurring absence, the school will work with the local authority at the earliest opportunity so that appropriate educational provision can be considered without unnecessary delay. CELT will follow the Local Authority Section 19 processes.

The school retains an important role in the learner's education and wellbeing while education is being provided away from school. The school will work in partnership with the learner, parents or carers, the local authority, healthcare professionals and other relevant services to:

- maintain appropriate contact with the learner and family;
- provide relevant information about the learner's needs, attainment, curriculum and programme of study;
- maintain appropriate safeguarding oversight and respond to any concerns in accordance with CELT's safeguarding procedures;
- support the learner to maintain appropriate links with their school community and peers;
- contribute to the planning and review of educational provision;
- ensure that any SEND provision and reasonable adjustments are considered as part of the learner's overall support; and
- plan for the learner's successful reintegration into school as soon as their health allows.

Where a learner has an Education, Health and Care Plan (EHCP), the school will work with the local authority to ensure that the learner's special educational needs and the provision specified within their EHCP are appropriately considered alongside arrangements for education because of their health needs.

Reintegration will be planned in partnership with the learner, parents or carers and relevant professionals and will reflect the learner's individual circumstances. The plan may include reasonable adjustments, a phased return where appropriate, curriculum and examination arrangements, staff training, information sharing and pastoral or therapeutic support. Arrangements will be regularly reviewed with the aim of increasing the learner's access to their school and education as their health allows.

9. Information sharing, confidentiality and record keeping

Information about a learner's medical needs will be shared with staff who need it to keep the learner safe and provide appropriate support. Information will be handled sensitively and in accordance with CELT's data protection, confidentiality and information-sharing arrangements.

Individual Healthcare Plans (IHCPs), Allergy Action Plans and other relevant medical information will be securely maintained and readily accessible to staff who need them,

including in an emergency. Relevant information will also be made available to temporary, supply or other staff where necessary to support the learner safely.

Schools will maintain accurate and up-to-date records relating to learners' medical needs, including agreed plans, consent, relevant communications and significant medical incidents. Records relating specifically to the administration of medicines will be maintained in accordance with Section 6.11 of this policy.

Parents and carers should provide the school with accurate and current information about their child's medical needs and notify the school promptly of any changes. Learners will be involved in decisions about the sharing of their medical information where appropriate to their age and understanding.

10. Liability and indemnity

Our Trust's insurance policy will provide liability cover relating to the administration of medication. Individual cover may need to be arranged by the school for individual circumstances.

11. Concerns and complaints

Should parents, carers or children be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they should follow the school's complaints procedure.

Appendix 1 – Individual Healthcare plan – Medical Condition

School Logo	**Individual Healthcare Plan**
Date:	
Completed By:	
Review Date:	**12 months or sooner if needed (specify date)**
Pupil Information	
Child's Name:	
Date Of Birth:	
Class/Tutor Group:	
Allergies:	
Parent/Carer Information – Contact 1	
Name:	
Relationship:	
Home Phone:	
Work Phone:	
Mobile Phone:	
Email:	
Parent/Carer Information – Contact 2	
Name:	
Relationship:	
Home Phone:	
Work Phone:	
Mobile Phone:	
Email:	
Medical Condition and need:	

Health Contact Details:		
	Name:	Contact Details
Clinic/Hospital Contact		
GP		
School Nurse		
Specialist Nurse		
SENDCo		
Link person in Education		
Other Relevant Staff		

The learner requires the following medication. Medication will be stored in: XXXX e.g. Medical Room Cabinet/Refrigerator

Condition	Drug	Dose	When	How

Provisions and Storage of medication
Disposal including any clinical waste

Does the treatment of the medical condition affect behaviour or concentration?
Are there any side effects of the medication?
Is there any ongoing treatment that is not being administered in school?
If yes, what are the side effects of these?

Physical Assistance and Handling:
Additional considerations for this condition?
PE, Games, Sports
Meal Times (Before school, break, lunch, after school?)
Off Site Activities
Support for Social & Emotional Needs

School Environment

Emergencies				
Situation	Symptoms	Triggers	Action	Follow Up

Is training required	Yes/No
If yes, what are the details?	

If your child is asthmatic, please complete the section below:

Consent to use Emergency Asthma Reliever Inhaler Medication
I, give consent for my child named in the Individual Health Care Plan to be administered an emergency reliever inhaler (e.g. Salbutamol/Ventolin) by a trained staff member in the event of asthma symptoms or a suspected asthma attack when their personal inhaler is not available, or if immediate access to relief medication is necessary. I understand that: • The emergency inhaler will only be used in accordance with standard asthma first aid procedures. • This is a precautionary measure and does not replace the need to provide a personal asthma action plan and medication. • I will be informed if the emergency inhaler is used. • In all cases of severe asthma symptoms or if there is no improvement after using the inhaler, emergency services will be contacted immediately.
Name of Parent:
Signed:
Date:

Signed (Parent/Carer) …… Dated ……..
Signed (First Aider) …….. Dated ……..

Appendix 2 – Individual Healthcare plan – Allergy

Cornwall Education Learning Trust

Individual Healthcare Plan for allergy

Name:	Current photo
Date of birth:	
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has, any known allergens, whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals. If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here. Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly. Indicate how the allergy may impact on learner's learning or emotional wellbeing. If relevant, note any interaction between allergy and SEN.

Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit. Outline measures to reduce the risk of contact with known allergens. Give details of the specific support or adaptations to manage food allergy at meal and snack times. Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*
Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached. Otherwise summarise the signs or symptoms which would indicate an emergency. Set out what to do in an emergency, including whom to contact. If relevant, note where "spare" adrenaline devices are located.*

Last discussed with parents/carers:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

Cornwall Education Learning Trust	**Medication Plan for allergy management**
Name:	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting. Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access. Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

Appendix 3 – Individual Healthcare plan – Allergy Action Plan issued by healthcare professionals

<table>
<tr><td colspan="2"> 

Individual Healthcare Plan for allergy when allergy action plan issued by healthcare professionals</td></tr>
<tr><td colspan="2">Name:</td></tr>
<tr><td colspan="2">Allergy / Asthma Action Plan:
Attach any Action Plan to the IHP for use in an emergency.
Note which healthcare professional issued the plan, their role and the date issued.</td></tr>
<tr><td>Issued by:</td><td>Date issued:</td></tr>
<tr><td>Role</td><td></td></tr>
<tr><td colspan="2">Care Plan:
Note where any relevant care plan can be found.
Note what staff are responsible for delivering / supporting delivery of the care plan.
Note which healthcare professional issued the plan, their role and the date issued.</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>Issued by:</td><td>Date:</td></tr>
</table>

Appendix 4: Receiving medicine record

Receiving Medicine Record

Learner Name:		**Date of Birth:**	
Year			

Name of medication:	
Purpose of medication:	
Dosage required	
Time of dosage required	
Frequency of dose	
Any previous adverse reactions	

Quantity received	
Check:	o **In original packaging** o **Prescribed to the child** o **Side Effects Leaflet**
Age appropriate	

Signature:		**Relationship to learner:**
Date:		
Staff Signature		**Role**
Date:		
Staff witness signature		**Role**

Appendix 5: Returning Medication Record

Returning Medicine Record

Learner Name:		**Date of Birth:**	
Year			

Name of medication returned:	
Reason for return:	

Quantity returned	
Check:	o **In original packaging** o **Prescribed to the child** o **Side Effects Leaflet**

Staff signature:		**Role**
Date:		
Staff witness signature		**Role**
Parent/Carer signature		**Relationship to child**
Date:		

Appendix 6: Trips/Visits Controlled Medicines Going Offsite Record Form

Medication going offsite record form

Trip name and date:	
Trip lead:	
Person responsible for controlled drugs offsite:	
Person administering controlled drugs offsite:	
Controlled drugs protocol read:	Yes/No

Medication signed out prior to trip

Pupil name:		Year:		
Name of medication:		Dose and time		
Side effects/reactions:		Medication quantity signed out:		
Staff name:		Staff signature:		
Staff witness name:		Staff witness signature:		

Medication Signed back in following trip

Medication quantity signed back in.		Administering medications form completed	**Yes/No**
Staff Name		Staff Signature	
Staff Witness Name		Staff witness signature	

Any Other Information:

Appendix 7: Administering medicine record

Administering Medicine Record

Learner Name:		Date of Birth:	
Class/Year			

Name of Medication:		Dose and Time:

Quantity of medication:		Date	Time	Dose:	Administered signature	Administer name:	Witness signature:	Witness name: