

1. Policy Statement

- 1.1 Weaver Trust endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences. It is an inclusive community that aims to support and welcome pupils with medical conditions.
- 1.2 This policy provides a sound basis for ensuring that children with medical needs receive proper care and support in our Schools.
- 1.3 Many children will experience some illness during their primary school life, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.
- 1.4 Our schools will help to ensure all pupils can be healthy, stay safe, enjoy and achieve in their education and make a positive contribution.
- 1.5 Staff working with pupils who have specific medical needs should understand the nature of pupil's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.
- 1.6 Parents/carers are requested to approach the school with any information they feel they will need to care for individual pupils. Parents/carers are responsible for informing the school of medical issues that arise during the pupil's time here.
- 1.7 This policy takes into account guidance published by the Department of Education on 'Supporting Pupils at School with Medical Conditions' as amended from time to time. This publication may be accessed on www.education.gov.uk
- 1.8 In our schools, the Headteacher / Head of School has overall responsibility for this Medical Conditions Policy and its implementation.
- 1.9 In the application and review of this policy we will consult with a wide range of local key stakeholders within our schools, but also with health professionals, including, but not limited to, pupils, parents, school employees, trustees, local education committees and relevant local health services.

2. Compliance

- 2.1 This policy has been prepared with due regard to the following statutory provisions and guidance:
 - 2.1.1 Children and Families Act 2014
 - 2.1.2 Education Act 2002
 - 2.1.3 National Health Service Act 2006
 - 2.1.4 Equality Act 2010
 - 2.1.5 Department for Education's, "Supporting pupils at School with medical conditions" December 2015

3. Our Responsibilities

- 3.1 Our schools are inclusive communities that support and welcome pupils with medical conditions. We will ensure that:
- 3.1.1. we are welcoming and supportive of pupils with medical conditions, providing children with medical conditions with the same opportunities and access to activities (both school-based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in our schools because arrangements for their medical condition have not been made;
 - 3.1.2. we listen to the views of pupils and parents;
 - 3.1.3. pupils and parents feel confident in the care they receive from our schools and the level of that care meets their needs;
 - 3.1.4. employees understand the medical conditions of pupils and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn;
 - 3.1.5. all employees understand their duty of care to children and young people and know what to do in the event of an emergency;
 - 3.1.6. our schools understand that children with the same medical condition may not have the same needs.
- 3.2 The Headteacher / Head of School, in consultation with Governing bodies, staff, parents / carers, health professional and the local authority, is responsible for deciding whether the school can meet the needs of a child with medical needs. In those considerations, the Governing bodies should take into account that many of the medical conditions that require support at school will affect quality and life and may be life threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical conditions impact on their school life.
- 3.3 Staff, including temporary or supply staff, must always be informed of a child's medical needs where this is relevant and of any changes to their needs and when they may arise. All staff will be informed of the designated person with responsibility for medical care.

4. Communication

- 4.1. Our schools will ensure that clear communication channels are kept open with employees, parents and other key stakeholders.
- 4.2. All pupils, parents, relevant local healthcare staff, and other external stakeholders will be informed of and reminded about this Medical Conditions Policy.

5. Individual Healthcare Plans

- 5.1. All children with a medical condition will have an Individual Healthcare Plan (IHP). A template IHP can be found at Template 1.
- 5.2. The IHP will detail:

- 5.2.1. what care a child needs in school (including medication dose, side effects, storage, other treatment, dietary and environmental issues as well as specific support for the child’s educational, social and emotional needs) and the level of support required;
 - 5.2.2. when they need the care;
 - 5.2.3. who will be giving the care (including their training needs, expectations of their role, confirmation of proficiency to provide for the child’s medical condition from a healthcare professional and cover arrangements when they are not available) and who else needs to be aware of it;
 - 5.2.4. arrangements for written permission forms from parents and the Headteacher / Head of School for medication to be administered by a member of staff or self-administered during school hours.
 - 5.2.5. arrangements for school trips or other activities outside of the normal school timetable that will ensure that the child can participate;
 - 5.2.6. where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child’s condition;
 - 5.2.7. information on the impact any health condition may have on a child’s learning, behaviour or classroom performance;
 - 5.2.8. any triggers involved with the medical condition; and
 - 5.2.9. what to do in an emergency including who to contact and contingency arrangements.
- 5.3. The IHP will be drawn up with input from the child (if appropriate) their parent/carer, relevant school employees, healthcare professional and ideally a specialist - if the child has one.
- 5.4. The IHP shall be developed with the pupil’s best interests in mind and will ensure that the school assesses and manages any risks to the child’s education and health and social wellbeing, as well as minimising disruption.
- 5.5. IHPs will be regularly reviewed, at least every year or whenever the pupil’s needs change.
- 5.6. The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services will be given a copy of the IHP. Other school employees are made aware of and have access to the IHP for the pupils in their care.
- 5.7. The school will meet with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This will be recorded in the pupil’s IHP which will accompany them on the visit.

6. Training

- 6.1. The school will ensure that all staff providing support to a pupil have received suitable training and ongoing support to make sure that they have the confidence to provide the necessary support, knowledge of the pupil’s condition and that they fulfil the requirements set out in the pupil’s IHP.
- 6.2. Employees will be given training and written information on medical conditions which have common triggers and how to avoid/reduce such triggers.

- 6.3. Training on the pupil's medical condition will be provided by the specialist nurse/other suitably qualified healthcare professional and/or the parent where appropriate. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm competence.
- 6.4. All employees understand and are trained in what to do in an emergency situation for those pupils with medical conditions
- 6.5. Where appropriate, school employees, including temporary or supply staff, will be aware of the medical conditions at the school and understand their duty of care to pupils in an emergency.
- 6.6. Training in what to do in an emergency is refreshed at least once a year and is included in the induction of all new employees.
- 6.7. The Headteacher / Head of School will ensure that there are sufficient numbers of employees trained in medical conditions to cover any absences, staff turnover and other contingencies.

7. Administering Medication

- 7.1. Weaver Trust has clear guidance on providing care and support in administering medication at our schools. Please refer to our Standard Practice for Administering Medicines at Appendix 1.
- 7.2. The Headteacher / Head of School will make sure that there is more than one employee who has been trained to administer the medication and meet the care needs of an individual child.
- 7.3. Employees will not give medication (prescription or non-prescription) to a child in school without a parent's written consent except in exceptional circumstances.
- 7.4. When administering medication, for example pain relief, staff will check the maximum dosage and when the previous dose was given. The detail must be recorded in the pupil's planner and in the Record of Medicine Administered to Children.
- 7.5. The school will not give a pupil aspirin unless prescribed by a doctor and upon sight of written confirmation from the doctor
- 7.6. The school will make sure that a trained employee is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- 7.7. Parents must let the school know immediately if their child's needs change.
- 7.8. If a pupil misuses their medication, or anyone else's, their parent will be informed as soon as possible and the Weaver Trust disciplinary or behaviour procedures may be invoked.

8. Regular Medicines

- 8.1. Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- 8.2. The school encourages parents whose child is taking medication three times a day to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, our Standard Practice for Administering Medicines at Appendix 1 should be followed.

8.3 For specific information and guidance on asthma care in school, please refer to the separate Asthma Policy.

9. The Pupil's Role

9.1. Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care with assistance from a very young age. This can include self-administration of medicines, for example, using an inhaler or giving own insulin injections. The school supports this practice wherever appropriate.

9.2. Where it is not appropriate for a child to self-manage or where young children or those with special needs require medication, adult support may be needed. In these circumstances, our Standard Practice for Administering Medicines at Appendix 1 should be followed.

10. Storage of Medication and Medical Equipment

10.1. The school will ensure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away.

10.2. Pupils may carry their emergency medication with them if they wish and if this is age-appropriate.

10.3. Pupils can carry controlled drugs if they are competent, otherwise the school will keep controlled drugs stored securely, but accessible, with only named staff having access.

10.4. The school will make sure that all medicines are stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.

10.5. All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for usage.

10.6. The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Insulin will be accepted in a pen or pump, rather than in its original container.

11. Disposal of Medication and Medical Equipment

11.1. Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

11.2. When no longer required, or out of date, medicines should be collected by parents for disposal.

11.3. Where medicines are not collected by the end of term, the school will take them to a pharmacy for disposal.

11.4. The Headteacher / Head of School is responsible for ensuring checking dates of medication is carried out and arranging disposal if any have expired. These checks will occur three times a year and will be documented.

11.5. Needles and other sharps will be disposed of in line with appropriate guidance. Sharps boxes are kept securely at the school, as required.

12. Record Keeping

12.1. The school will ensure the following are held and kept up-to-date:

12.1.1. Pupil enrolment forms (used to highlight any medical condition);

12.1.2. IHPs;

- 12.1.3. list of common triggers for pupils with medical conditions. Triggers may make common medical conditions worse or can bring on an emergency;
 - 12.1.4. a centralised register of children with medical needs and their IHPs;
 - 12.1.5. requests to administer medicines at the school.
 - 12.1.6. a record of medication administered, including the dose, time, date and supervising staff; and
 - 12.1.7. a log of training relevant to medical conditions.
- 12.2. Parents are asked to disclose if their child has any medical conditions on the enrolment form.
- 12.3. The school will use an IHP to record the support an individual pupil's needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school employees, specialist nurse (where appropriate) and relevant healthcare services.

13. Confidentiality

- 13.1. At all times the pupil's confidentiality will be protected.
- 13.2. Information to ensure the safety and care of individual pupils will be disclosed as appropriate to employees of the school. Such procedure will be discussed with the pupil and parent/carer for their agreement prior to disclosure.
- 13.3. The school will seek permission from parents before sharing any medical information with any other party.

14. Inclusive School Environment

- 14.1. The school is committed to providing a physical and social environment accessible to pupils with medical conditions. Pupils are consulted to ensure this accessibility.
- 14.2. The school will make sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- 14.3. All relevant employees will, where possible, make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- 14.4. The school will help foster an environment which encourages understanding and acceptance of pupil's different medical needs.
- 14.5. All employees are aware that pupils should not be forced to take part in activities if they are unwell. They are also aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- 14.6. Employees will ensure that pupils have the appropriate medication/equipment/food with them during physical activity.

15. Absence due to a Medical Condition

- 15.1. Employees understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- 15.2. Pupils will not be penalised for their attendance if their absences relate to their documented medical condition.

- 15.3. The school will, where possible, keep in touch with a pupil when they are unable to attend the school because of their medical condition.
- 15.4. The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/INCO who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- 15.5. The school will liaise with and work alongside the Local Authority to ensure that appropriate provision is put in place for pupils who are unable to attend the school due to a period of illness.
- 15.6. The school will also work in collaboration with external agencies such as CAMHS, NHS paediatric services and school nurses in order to find the best solution to accommodate the pupil's illness to allow them to access education.

16. Returning to School Following a Period of Absence

- 16.1. The school will work in partnership with all relevant parties including the pupil (where appropriate), parent, Trustees, all school employees, catering staff, employers and healthcare professionals to ensure that any reintegration policy is planned, implemented and maintained successfully.

17. Unacceptable Practice

- 17.1. Weaver Trust recognises unacceptable practice in supporting pupils with medical conditions and this includes:
 - 17.1.1. preventing children from easily accessing their inhalers and medication and failing to administer their medication when and where necessary;
 - 17.1.2. assuming that every child with the same condition requires the same treatment;
 - 17.1.3. ignoring the views of the child or their parents or guardians or ignoring medical evidence or opinion (although this may be challenged);
 - 17.1.4. sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in the pupil's IHP;
 - 17.1.5. sending the child to the school office unaccompanied if they fall ill at the school.
 - 17.1.6. penalising children for their attendance record if absences relate to their medical condition (e.g. hospital appointments);
 - 17.1.7. preventing pupils from eating, drinking or taking toilet or other breaks whenever they need in order to manage their condition effectively;
 - 17.1.8. requiring parents or guardians, or otherwise making them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues;
 - 17.1.9. preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life (including school trips), for example, by requiring their parent or guardian to attend with them;

18. Insurance

- 18.1. The school have in place insurance arrangements which cover staff providing support to children with medical conditions.

19. Review

- 19.1. The school will work in partnership with all relevant parties including the pupil (where appropriate), parent, Trustees, Local Education Committees, all school employees, catering staff, employers and healthcare professionals to ensure that this medical conditions policy is planned, implemented, reviewed and maintained successfully and at suitable frequency.
- 19.2. The school will review all medical emergencies and incidents to see how they could have been avoided, and will make changes to policy in line with these reviews.

20. Complaints

- 20.1. The school encourages pupils and parents who are not satisfied with arrangements and support provided to deal with medical conditions to discuss their concerns directly with the Headteacher / Head of School.
- 20.2. If the issue is not resolved with the school, a formal complaint can be made via the Schools Complaints Procedure.

1. Introduction

- 1.1. The school understands the importance of medication being taken on time and care received as detailed in the pupil's IHP.
- 1.2. Whilst responsibility for the medical care of children rests with parents and their health professionals, we understand that it may not always be feasible for these individuals to come to the school to administer medicines. In these cases, and where it is also not appropriate for a child to self-manage or where young children or those with special needs require medication, the following procedure should be followed.

2. Staff Protection

- 2.1. Common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.
 - 2.1.1. Always wear gloves.
 - 2.1.2. Wash your hands before and after administering first aid and medicines.
 - 2.1.3. Use the hand gel provided.
- 2.2. Staff must not give medication to a child on an IHP without specific training.
- 2.3. All staff must have a good understanding of the Medical Conditions Policy and accompanying procedures in before they are asked to administer medication.

3. Administering Medication

- 3.1. It is expected that the parents / carers will normally administer medication to their children at home.
- 3.2. Medicine should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 3.3. No medication will be given without prior written permission from the parents / carers, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents / carers.
- 3.4. Written medical authority is required if the medicine needs to be altered (e.g. crushing of tablets).
- 3.5. A Parental Agreement for School to Administer Medicine form (see Template 2) must be completed by parents / carers before medication can be administered.
- 3.6. Staff are not legally required to administer medicines or to supervise a child when taking medicine. This is a voluntary role.
- 3.7. The Headteacher / Head of School will decide if medication can be administered in school.
- 3.8. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times of the day, arrangements will be made to accommodate this.

- 3.9 Medication should only be administered by trained staff including the Headteacher, Head of School, Senior Leaders and the Admin team. The Headteacher / Head of School will determine who the staff are that can administer medication.
- 3.10 Written permission is required from parents / carers for pupils to self-administer medicine(s) and should be made clear on the Parental Agreement for School to Administer Medication form.
- 3.11 Non-prescription medication will not be administered to pupils by school staff unless there is a specific prior agreement from parents, or accompanied by a doctor's note. The parents should authorise and supply the appropriate painkillers for their child's use, with written instructions about when the child should take the medication.
- 3.12 During an Educational Visit, when parents may not be there to provide the necessary pain relief, this may be administered as long as the parent has given consent and this is detailed on the Parental Agreement form.

4. Checklist for Administering Medication

- 4.1 Consult the child's IHP or where this is not applicable (e.g. short term illnesses like coughs/colds etc.) ask the Parent/Carer to complete a Parental Agreement for School to Administer Medicine form and check the following:
- (a) The child's name on the IHP / form and the medicine.
 - (b) The prescribed dose.
 - (c) The expiry date.
 - (d) The prescribed frequency of the medicine.
- 4.2 Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine as long as this has been specified on the Parental Agreement form.
- 4.3 Check the child's name again and administer the medicine.
- 4.4 Complete and sign the Administration of Medicine Record Book when the child has taken the medicine and the child should counter-sign.
- 4.5 Sign the child's planner to record the dosage given and the time.
- 4.6 If uncertain, DO NOT give – check first with parents or doctor.
- 4.7 If a child refuses medication, record and inform parents as soon as possible.

5. Medication Specific Requirements

- 5.1 Epipens: a care plan from a child's doctor is required stating exactly what needs to be given and when.
- 5.2 Medic-Alerts: As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

6. Refusing Medication

- 6.1 If a child refuses to take their medication, staff will not force them to do so. Parents / carers will be informed as soon as possible. Refusal to take medication and the reason why will be recorded and dated on the child's planner and record sheet.

7. Intimate or invasive treatment

7.1 This will only take place at the discretion of the Headteacher or Head of School and Governors, with written permission from parents / carers and only under exceptional circumstances. Two adults, of the same gender as the child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis and considered as part of an IHP.

7.2 All such treatment must be recorded on record sheets and in planners.

8. School Trips and Residential

8.1 School will support pupils with medical conditions to access and enjoy the same opportunities as all other children. To ensure this is done safely, a thorough risk assessment will be undertaken considering the needs of all children and staff.

8.2 No decision will be taken on attendance on school trips without prior consultation with parents / carers.

8.3 Essential medicines and IHPs or medical records will be taken and controlled by the member of staff supervising the trip.

8.4 If it is felt that additional supervision is required during activities (e.g. swimming), school may request the assistance of a parent / carer.

9. Emergency procedures

9.1 The Headteacher / Head of School will ensure that all staff are aware of the school's planned emergency procedures in the event of medical needs.

10. Carrying medication

10.1 For safety reasons, children are not allowed to carry medication, with the exception of inhalers (asthma relievers) which may be needed immediately. KS2 children can carry these if they display an appropriate level of maturity.

10.2 All other medication must be handed into school reception with the correct Parental Agreement for School to Administer Medication form.

1. Introduction

- 1.1 When a child is suffering from illness it is the right of the Headteacher / Head of School to ask the child's parents/carers to keep them at home.
- 1.2 Non-prescription medication will not be administered to pupils by school staff unless there is a specific prior agreement from parents, or accompanied by a doctor's note. Pain relief will be held in school for exceptional cases, with parents' permission and at the discretion of the Headteacher/ Head of School.
- 1.3 For certain short term illnesses, such as stomach bugs, there are recommended time periods to keep away from school to limit the spread of infectious diseases. The school expects that parents/carers keep the child away from the school for this period of time.
- 1.4 If in doubt, please seek guidance from the school or your healthcare professional if you are unsure whether your child should attend school.
- 1.5 Please note, children who have had sickness and/or diarrhoea should be kept off school until they have been symptom-free for a continuous period of 48 hours.

2. Impaired Mobility

- 2.1 Providing the GP or hospital consultant has given approval, children can attend the school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This may include outside play.
- 2.2 Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety. Parents should consult with the school regarding any arrangements that need to be made and a risk assessment will be written together.

1. General Illness in the School

- 1.1. If a pupil becomes ill in a lesson and employees feel that medical treatment is required, the pupil should in the first instance be sent to the first aider, accompanied by another pupil if necessary.
- 1.2. If the pupil is too ill or injured to be moved, a designated first aider should be called and first aid administered, if appropriate.
- 1.3. If follow-up treatment is required, the pupil's parent or carer will be called or a letter sent home with the pupil.
- 1.4. In more serious cases, where hospital attention is deemed necessary, the school will contact parents/carers who will be expected to take their child to hospital.

2. Procedure in a Medical Emergency

- 2.1. Call an ambulance. An employee (usually the Admin Officer) will be responsible for this and will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc.) along with the school's address and contact information.
- 2.2. Call the pupil's parent/carers to accompany the casualty to hospital (or next of kin where a member of staff is involved).
- 2.3. If a parent/carers is unavailable immediately, then an employee needs to accompany the child in the first instance. Another employee should follow the ambulance by car to support the first employee and bring them back to the school once parents or other relatives have arrived in hospital.
- 2.4. A pupil's IHP should explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- 2.5. If a pupil needs to attend hospital in an emergency, an employee (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

1. Introduction

- 1.1. Employees in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents/carers might be expected to act towards their children.
- 1.2. The school will arrange adequate and appropriate training and guidance for employees who volunteer to be first aiders. The school will ensure that there are enough trained employees to meet the statutory requirements and assessed needs.
- 1.3. All employees will be informed of the First Aid arrangements. This will include the location of the equipment facilities and first aid personnel, and the procedures for monitoring and reviewing the school's first aid needs.
- 1.4. A list of trained First Aiders is displayed in the school.
- 1.5. Pupils should not help with First Aid.

2. First Aider's Duties

- 2.1. In the school, the main duties of a First Aider are to:
 - 2.1.1. give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school.
 - 2.1.2. when necessary, ensure that an ambulance or other professional medical help is called.

3. The School's Duties

- 3.1. To ensure that there is:
 - 3.1.1. adequate provision for lunchtimes and breaks and will encourage lunchtime supervisors to have First Aid training;
 - 3.1.2. adequate provision for leave and in case of absences;
 - 3.1.3. First Aid provision for off-site activities i.e. school trips;
 - 3.1.4. adequate provision for practical departments, such as science, technology, home economics, physical education; and
 - 3.1.5. adequate provision for out of hours' activities e.g. sports activities, clubs.

4. First Aid Boxes

- 4.1. The school's boxes will meet the HSE recommended standard and contain:
- 4.2. a leaflet giving general advice on First Aid
- 4.3. 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 4.4. 2 sterile eye pads
- 4.5. 4 individually wrapped triangular bandages (preferably sterile)
- 4.6. 6 safety pins

- 4.7. 6 medium sized (approximately 12cm x 12cm) individually wrapped sterile un medicated wound dressings
- 4.8. 2 large (approximately 18cm x 18cm) sterile individually wrapped un medicated wound dressings
- 4.9. 1 pair of disposable gloves

5. Record Keeping

- 5.1. Records must be kept in the First Aid book – entries must be clear, in ink, and include:
 - 5.1.1. name of child and class;
 - 5.1.2. signature of the person reporting the accident;
 - 5.1.3. date and time of the accident;
 - 5.1.4. where it occurred and what happened;
 - 5.1.5. the resulting injury; and,
 - 5.1.6. how it was dealt with.
- 5.2. The school will maintain readily accessible accident records, either in written or electronic form. These records will be kept for a minimum of 3 years.
- 5.3. Parents will be notified of any First Aid given to a child during the school day (by form, letter, sticker or phone call). Any serious injuries (other than non-serious bruises, grazes etc.) will require the parents to be contacted immediately.
- 5.4. If the accident occurs due to a Health and Safety oversight, the information must be passed to the Site Maintenance Officer / Caretaker and Headteacher / Head of School.

6. First Aid Area

- 6.1. Wherever possible, the school will provide an area suitable for use for medical examination, First Aid treatment and for the care of sick or injured pupils.

Individual Healthcare Plan (IHP)

Child's name

Year group

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date (annually or when required)

Family Contact Information

Name

Relationship to child

Phone no.(home)

Phone no. (mobile)

Phone no. (work)

Name

Relationship to child

Phone no. (work)

Phone no. (home)

Phone no. (mobile)

Clinic/Hospital Contact (if applicable)

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in the school?

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

EHP developed with

Employee training needed/undertaken – who, what, when

Parent / Carer consent for implementation of the above care plan:

Signed:

Date:

Staff agreement to deliver care plan:

Signed:

Date:

**Template 2: Parental Agreement for School
to Administer Medication**

The school will not give your child medicine unless you complete and sign this form and the school has a policy that the employee can administer medicine. This policy can be found on the school website. **There should be one form completed per type of medication.**

Name of child	
Date of birth	
Year group	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Prescription or non-prescription medication <i>(if non-prescription, please detail reason for the medication)</i>	
Expiry date	
Dosage and method	
Time(s) medication to be given	
Special precautions/other instructions	
Are there any side effects that the School needs to know about?	
Self-administration – Y/N	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Parent / Carer Contact Details

Name	
Daytime telephone no.	

Relationship to child

Address

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school employee administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I confirm that the dose and frequency requested is in line with the manufacturer's instructions on the medicine. I agree that I am responsible for collecting unused or out of date medication and returning them to the pharmacy for disposal. If medicine is still required, I am responsible for obtaining new stock for the school.

Signature(s) of Parent / Carer:

Date:

**Template 3 – Record of Medicine Administered
to an Individual Child**

For use by the member of staff administering medication. This form should be completed once medicine administered and should be attached to the Parental Agreement Form.

Please ensure the child’s planner is also signed to record the dosage and time.

Name of child	
Year group	
Date medicine provided by parent	
Name of medication	

Date		
Time given		
Dose given		
Name of staff member		
Staff signature		

Date		
Time given		
Dose given		
Name of staff member		
Staff signature		

Date		
Time given		
Dose given		
Name of staff member		
Staff signature		

Name of School	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of employee] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of employee].

I confirm that I have received the training detailed above.

Employee signature

Date

Suggested review date

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide exact location of the patient within the school
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at the school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for [**insert date**]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [**insert people involved**]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or another employee involved in plan development or pupil support would be happy for you contact us by email or to speak by phone if this would be helpful.

Yours sincerely