



Great Sampford Primary School

Medical Policy

Administration of Medicine

First Aid

Intimate Care

Supporting pupils with Medical conditions

Updated: September 2022

Reviewed: September 2024

This policy is a combination of all medical policies necessary in schools. This includes administration of medicine, first aid, intimate care and supporting pupils with medical conditions. This policy is also in conjunction with the Health & Safety Policy.

Rationale:

The purpose of this policy is to ensure that children are kept safe and healthy and those who require medical attention are cared for appropriately and sensitively. It has been written using guidance from the DfE, Supporting pupils at school with medical conditions and Statutory framework for the EYFS. The pastoral care of our children is central to the aims, ethos, teaching and learning programmes in Great Sampford Primary School and we are committed to developing positive and caring attitudes in all of our children and staff. Any medicines administered within school are done so in a safe and monitored environment. We aim to develop independence in each child in our care, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children.

Administration of Medicine

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will, at some time, have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines or other treatments on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

N.B. It must be noted that staff are under no obligation whatsoever to administer medication during the school day.

In line with guidelines issued by Public Health England; Guidance on Infection Control in Schools and other Childcare Settings May 2016 we ask that children are not sent to school when they are clearly unwell or infectious. Children who have had a stomach upset should be kept home until two full days after their last bout of sickness or diarrhoea.

Procedures for managing prescribed medicines

Medicines should only be taken to school when absolutely essential; i.e. where it would be detrimental to a child's health if the medicine were not administered during the school 'day'. N.B. Medicines that are prescribed to be taken three times a day can be taken in the morning, after school and at bedtime and therefore are **not** required to be administered at school.

- We only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist, be clearly marked with the child's name and include the prescriber's instructions for administration and dosage. We will not accept medicines that have been taken out of the container as originally dispensed.
- Medicines will be stored securely.
- Medicines can only be administered if a Request for School to Administer Medicine (prescription and non-prescription) form (Appendix 1) has been completed and handed to the school office staff.
- A record will be kept of when the medicine was dispensed, the dose given and by whom. There should be two members of staff present when administering medicines.

- Parents are responsible for collecting the medicine from the school office at the end of the day. Medicines will not be handed to a child to bring home unless agreed with the parent in advance, for instance if the child uses home to school transport.
- Parents are responsible for collecting and arranging for the safe disposal of any unwanted medicines prescribed to their child.

Procedures for managing non-prescribed medicines

Staff will only administer non-prescription drugs with prior written consent from the parent. These may include Calpol, cough mixture and travel sickness tablets. The procedure for non-prescription medicines follows exactly the same procedure as for prescribed medicines. A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

Controlled Drugs:

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. However, certain controlled drugs may be prescribed as medicine for use by children, e.g. methylphenidate. Controlled drugs should never be administered to a child unless agreed with the Head Teacher. Controlled drugs will be kept in a locked, non-portable container. Staff administering medicine should do so in accordance with the prescriber's instructions and records will be kept in accordance school procedures outlined in this policy document.

Procedures for self-management of prescribed medicines

If children can take their medicines themselves, staff may only need to supervise them. This particularly applies to asthma inhalers. Children will not carry their own medicines unless it is necessary due to the nature of their medical condition. Parents must complete a Request for Child to Carry His/Her Own Medicine form - Appendix 2. Children who use home to school transport will need to be handed their medicine at the end of the day by a member of staff to take home.

Asthma Inhalers: In KS1 asthma inhalers are kept by the teacher in a marked container in the classroom out of reach of the children; all children and staff know where this is. The container is taken on school outings and on to the field for PE lessons. In KS2 children are responsible for their own inhaler and can administer their own inhalers provided their parent has completed the relevant 'Request for Child to Carry His/Her Own Medication form' which must be handed to the school office staff in the first instance. (Appendix 2)

Children will be reminded to collect their inhaler before going off premises during the school day.

Epipens: Will be stored in a named container in the school office and checked termly by the office staff to ensure that they are still 'current'. All staff must know where they are kept. All epipens will be returned to the parent at the end of each academic year.

Educational Trips and Visits:

In line with our SEND policy we will make all reasonable adjustments to enable children with medical needs to participate fully and safely on visits. Any risk assessments undertaken will allow for such children.

- Staff supervising excursions will be aware of all medical needs and relevant emergency procedures.
- Staff will ensure that any medication which may be required during a trip or visit is held in the safe care of a nominated member of staff.
- A copy of any health care plan will be taken on visits in the event of information being needed in an emergency.

- If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they will seek parental views and medical advice from the school health service or the child's GP in accordance with DfE guidance on planning educational visits.

Sporting Activities:

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in the individual health care plan. Staff supervising sporting activities should be aware of any relevant medical conditions and/or any preventative medicine that may need to be taken as well as any associated emergency specific procedures.

Roles and Responsibilities of School Staff:

There is no legal duty that requires school or setting staff to administer medicines. Medicines will only be administered by school staff at the discretion of/and agreement with the Head Teacher.

All staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

It is everybody's responsibility to ensure that the children in their care are kept safe and properly medicated if required. It is therefore dangerous to try and provide a comprehensive list of roles and responsibilities as such. However, in broad terms the roles and responsibilities of staff can be tabulated as follows:

| Requirement | Responsibility |
|---|---|
| Staff receive appropriate training to enable them to safely manage and administer medicines. | Head Teacher |
| The school nurse or specialist voluntary bodies may be asked to provide additional background information for staff about specific medical needs. | Head Teacher |
| Training and refresher training for staff as necessary, including for specific medical needs such as: Diabetes, Asthma, Epilepsy and the use of Epipens for treatment of Anaphylaxis. | Head Teacher |
| To keep up to date records in the school office of the date, time and dose of medicines administered and any reaction. | Admin Officers |
| To inform Class Teachers of any changes to the medical requirements of the children in their care. | Admin Officers |
| Care plans are required from parents for all children for whom prescription medicine is held in school, such as asthma inhalers, and for children who have long-term illness or conditions. | Admin Officers/ Parents/Head Teacher |
| Safe keeping of medications | All staff |
| Self Administration of medicines | Pupil/Class Teacher |
| When giving medicines to a child staff should check the child's name, the prescribed dose and the expiry date of the medicine. | Administering member of staff |
| Risk assessments will be undertaken, if required, after considering the care plan provided, taking into account the school emergency procedures and the wishes of the parents. | Educational Visits Co-ordinator |

Parental Responsibility:

Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition, including information on medicines their child requires. Parents **must** complete a Care Plan (Appendix 3) if their child has a medical condition or illness and/or needs to keep medication in school at all times, i.e. for asthma, and to inform the school promptly of any changes to their child's condition and/or the care their child needs. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed.

Parents can choose to come in to school during the lunch break to administer their child's medication themselves and should notify the school office of their intention to do this at the beginning of the school day. Parents are responsible for completing the Request for School to Administer Medicines (Appendix 1) or Request for Child to Carry His/Her Own Medicine (Appendix 2). For the convenience of parents the Request for School to Administer Medicines is also available to print from the Office pages of the school website.

Refusal of Medicine:

If a child refuses to take medicine, we will not force them to do so but will note this in the records and contact the named contact on the medicine record form immediately. If a refusal to take medicines results in an emergency then our emergency procedures will be followed.

Children With Long-Term or Complex Medical Needs:

Please refer to our 'Supporting Pupils with Medical Conditions' section. It is important for the school to have sufficient information about the medical condition of any child with long-term medical needs before a child is admitted or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. A Care Plan should be completed by the parents and updated as often as necessary in order that the child can be properly supported in school (Appendix 3).

Staff Training (see also - Roles and Responsibilities of School Staff):

It is the responsibility of the Head Teacher to ensure that all staff are appropriately trained for the children in their care. It is also the Head Teacher's responsibility to ensure staff receive appropriate training to enable them to safely manage and administer any medicines they may agree to deliver or medical conditions they may agree to support.

Record Keeping:

Records are kept in the school office of the date, time and dose of medicines administered and any reaction.

A list of all children with known medical conditions is retained in the school office for access by all staff. A copy for each individual class is retained by the class teacher.

Safe Storage:

Medicines will be stored in a variety of places according to need.

- Prescribed medicines will be stored in a lockable cupboard in the Main Office
- Medications that need to be kept cool such as penicillin will be stored in a fridge in the Staff Room
- Self-administered medications will be kept in the classroom supervised by the Class Teacher

Emergency Procedures:

In the case of an emergency a member of staff should either ring down to the office or send two children to get either the Head Teacher or, if they are not available, a member of the office team. If the Head Teacher is unavailable then the Admin team should seek guidance from the next most senior member of staff. In **ALL** instances we will try to contact either the parents or the emergency contact. If it is deemed necessary to send a child to either the local surgery or A&E department a member of staff must **always** accompany them and must stay until the parent (or designated adult) arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Staff should never take children to hospital in their own car; it is safer to call an ambulance; however, they may take them to the doctors surgery. In such circumstances two members of staff must accompany the child. The national standards require early years settings to ensure that contingency

arrangements are in place to cover such emergencies. If an ambulance was unavailable we would ask the ambulance service and also the police for advice regarding using a staff vehicle for transport. Individual health care plans include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

Risk Assessments:

Risk assessments will be undertaken by the Educational Visits Co-ordinator, if required, after considering the care plan provided, taking into account the school emergency procedures and the wishes of the parents.

First Aid

First Aid is emergency care given to an injured person (in order to minimise the impact of the injury and future disability) before professional medical care is available. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that parents might be expected to act towards their own children. In general, consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Responsibilities

The responsibility for Health and Safety, which includes First Aid, rests with the Governing Body. The Head Teacher is responsible for putting the policy in place, including informing staff and parents. All staff, and those parents with responsibility for children in school, should be aware of available First Aid personnel, facilities, and the location of First Aid boxes and information.

First Aid provision must be available at all times, including for all out of school trips, during PE and other times the school facilities are used e.g. PTA events. Adequate First Aid cover will be provided in the school buildings and on the playground during break times.

In the unlikely event of a staff member being alone on site, on a trip or during a PE lesson then they must have access to a telephone in order to summon help. All staff have attended emergency first aid training and relevant staff have attended Paediatric First Aid training. Lists of staff with First Aid responsibilities and/or appropriate training are kept in the school office. The Health and Safety Executive states that First Aid does not include the administration of medicines, although there is no legal bar to doing so. Those who dispense it should have a reasonable understanding of what is involved. First Aiders can use EpiPens if trained to do so.

It is the responsibility of the Head Teacher to ensure good First Aid practice is being carried out within the school and at events and activities organised by the school. The main First Aid cabinet is located in the school office with further supplies stored in the office cupboard. There is a First Aid Kit exclusively for use on the playground during break times. Further portable First Aid Kits are available for trips, swimming lessons, during PE lessons and educational visits.

The contents of the First Aid Cabinets/Kits are guided by ECC Checklist 2 – First Aid Box Contents and are included in the Annual Health and Safety Inspection.

Reporting & Recording of Accidents

At Great Sampford Primary School we recognise that:
We have a duty to report incidents that involve the:

- Health & Safety at Work Act 1974
- Social Security Regulations 1979
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

An unreliable accident / incident reporting system, or the under reporting of near miss incidents could lead to dangerous occurrences recurring which may result in personal injury to staff, parents or visitors. Breach of the statutory requirement to report specific incidents to the Health & Safety Executive (HSE) may lead to prosecution. Inadequate incident reporting procedures will inhibit statistical analyses of accident data. The Accident Book is kept in the school office.

Procedures

At Great Sampford Primary School we make every effort to minimise the risk of accidents but we recognise that accidents may still occur. All accidents to pupils, staff, parents and visitors, no matter how small will be reported to the teacher/Head Teacher as soon as possible after the accident took place. The First Aider present will deal with the accident and treat any injuries as required. Once the individuals have been treated, all details regarding the accident, will be recorded in either the First aid record or the Accident Book (held in the school office) by a member of staff. The latter procedure is used if the injury involves the person's head or the emergency services are contacted. An investigation into the accident should be undertaken immediately or at the very least on the same day. Judgements should be made as to what can be done to reduce the risk of similar accidents occurring again. Records are stored for three years. All accidents/near misses will be reported to the Governors termly in the Head Teachers Report at the Full Governing Body meeting. The Head Teacher will ensure that accidents, which are reportable to the Health & Safety Executive, are reported using the appropriate form.

The Appointed Person

At Great Sampford Primary School, each member of staff is able to assume the responsibilities of the Appointed Person. this involves summoning further support or contacting the emergency services.

The maintenance of the First Aid Cabinets/Kits are the responsibility of all staff who should monitor stocks and ensure the Admin staff are made aware to re-order as necessary.

| ITEM | Worksite Containers | Travelling Containers |
|---|---------------------|-----------------------|
| Leaflet giving general guidance on First aid.(e.g. HSE leaflet | 1 | 1 |
| Individually wrapped sterile adhesive dressings (assorted sizes) | 20 | 6 |
| Sterile eye pads | 2 | |
| Individually wrapped triangular bandages | 4 | 2 |
| Large sized individually wrapped sterile unmedicated wound dressings (approx. 18cm x18cm) | 2 | 1 |
| Medium sized individually wrapped sterile unmedicated dressings (approx. 12cm x 12cm) | 6 | 2 |
| Safety Pins | 6 | 2 |
| Individually wrapped moist cleansing wipes | yes | yes |
| Disposable gloves (see Section 8.6) | 1pair | 1 pair |
| Sam Splint (junior) kept in school office cabinet | n/a | n/a |

RIDDOR - Incidents to be reported

Accidents resulting in death or major injury

Accidents which prevent normal duties for more than 3 days

Loss of consciousness due to asphyxia or absorption of harmful substances

Fractures / Dislocations

Amputation

Loss of sight - temporary or permanent

Chemicals or hot metal burn to eye

Penetrating eye injury

Electric Shock

Injury leading to hypothermia

Unconsciousness needing resuscitation / hospital admission for over 24hrs.

Intimate Care

Rationale and statement of intent

The pastoral care of our children is central to the aims, ethos, teaching and learning programmes in Great Sampford Primary School and we are committed to developing positive and caring attitudes in all of our children and staff. We aim to develop independence in each child in our care, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.

Great Sampford Primary School is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times. We recognise that there is a need for children and young people to be treated with respect when intimate care is given and that no child shall be attended to in a way that causes distress, embarrassment or pain.

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

Principles of Intimate Care at Great Sampford Primary School

Definition

Intimate personal care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

At Great Sampford we recognise intimate personal care as including the following tasks:

- body bathing other than to arms, face and legs below the knee
- toileting, wiping and care in the genital and anal areas
- dressing and undressing
- application of medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection
- providing comfort to a distressed child
- feeding a child
- providing first aid assistance
- supervising a child involved in intimate self-care.

Our approach to intimate care best practice:

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- The management of all children with intimate care needs will be carefully planned and co-ordinated with support from home.
- Staff who provide intimate care are trained to do so (including Child Protection, and Moving and Handling where appropriate) and are fully aware of best practice.
- Where specialist equipment and facilities above those currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist, and training in the use of such equipment.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss their needs and preferences.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.
- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.
- Individual care plans will be drawn up for any pupil requiring regular intimate care and intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan

We believe every child has a right to:

- be safe
- personal privacy
- be valued as an individual
- be treated with dignity and respect
- be involved and consulted about their own intimate care to the best of their abilities
- express their views on their own intimate care and to have their views taken into account
- have levels of intimate care that are appropriate and consistent.
- Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers. **However**, it is vital that care is consistent.
- The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.
- Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day.

- Each child/young person will have an assigned member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive. Ideally this member of staff will be a member of the SMT.
- Wherever possible the child will be involved with their intimate care and be encouraged to be as independent as possible.

Child Protection:

The Governors and staff of Great Sampford Primary School recognise that disabled children are particularly vulnerable to all forms of abuse.

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Person for Child Protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

Supporting Pupils with Medical Conditions

1. Rationale

1.1. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

1.2. At some time during their time in school it is quite probable that a pupil will have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education.

2. Aims

2.1. Great Sampford Primary School aims to provide a fully inclusive educational and pastoral environment. To do this we ensure that correct procedures and protocols are in place to enable any pupil with a short or long-term medical condition to be able to attend school, have minimum disruption to their education and to participate fully in school activities and events.

2.2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency

circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that staff at Great Sampford Primary School will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support we provide, we work closely with the relevant local health services. The advice from healthcare professionals and listening to and valuing the views of parents and pupils is crucial.

2.3. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some develop emotional difficulties such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), will also be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

2.4. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case Great Sampford Primary School complies with its duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

2.5. The school follows the guidance given by the Department for Education; *Supporting pupils at school with medical conditions December 2015*. This document is kept alongside this policy to provide a management strategy to fully support the needs of all staff, pupils and parents.

3. Identification

3.1. On entry to the school parents are required to complete a pupil information form and inform us of any medical conditions.

3.2. We also expect parents to inform us of any changes to their child's health or medical condition during their time at the school.

3.3. We work with parents and health care professionals to ensure we have specific protocols in place as soon as the child starts school. This may take the form of: information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

3.4. Pupils requiring continuous support for a medical condition will be given an individual health care plan (IHCP).

4. Individual Health Care Plans (IHCP)

4.1. Individual healthcare plans are used to ensure that pupils are effectively supported with medical conditions.

They aim to:

- capture the steps needed to help the child manage their condition and overcome any potential barriers to getting the most from their education
- provide clarity about what needs to be done, when and by whom
- Promote the child's best interests
- ensure that the school assesses and manages risks to the child's education, health and social wellbeing
- minimise disruption.

4.2. However, not all children will require an IHCP. The school, relevant healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher will make the final decision.

4.3. Individual healthcare plans (and their review) are initiated, in consultation with the parent, by the Head Teacher and/or a healthcare professional involved in providing care to the child. Plans are drawn up in partnership between the school, parents, and a relevant healthcare professional, who can best advise on the particular needs of the child. Pupils are also involved whenever appropriate. Staff who will provide specific support to pupils with medical conditions will be included in meetings where this is discussed.

4.4. Parents will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Plans are reviewed annually or earlier if evidence is presented that the child's needs have changed.

4.5. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the plan identifies the support the child will need to reintegrate effectively.

4.6. An IHCP will include:

- Details of the child's condition;
- What constitutes an emergency;
- What action to take in an emergency;
- What not to do in the event of an emergency;
- Who to contact in an emergency;
- The role of staff;
- Special requirements e.g. dietary needs, pre-activity precautions, side effects of medicines.

4.7. Individual healthcare plans are easily accessible in school to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

4.8. A copy is given to parents/carers, class teachers and class learning support assistants, the school nurse and a copy is retained in the medical needs file in the school office, classroom file and the child's individual file. All trained staff will ensure they are aware of the protocols and procedures for specific pupils in school through reading care plans devised for individual pupils.

4.9. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. Where a child has SEN but does not have a statement or EHC plan, their special educational needs may be mentioned in their individual healthcare plan.

5. Provision and Organisation

5.1. Pupils are supported so that they can participate as fully as possible in all school activities including educational visits and sporting events. Class teachers will be aware of how a child's medical condition will impact on their participation and any reasonable adjustments will be made.

5.2. Risk assessments are completed prior to any educational visit taking place and these include what reasonable adjustments might need to be made to enable children with medical needs to participate fully and safely.

5.3. Additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines are planned as part of the risk assessment and visit planning process. A copy of the IHCP must be taken on trips and visits in the event of information being needed in an emergency.

6. Staff training and support

6.1. The school will provide annual awareness training for all staff so that they are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This will be included in the induction arrangements for new staff.

6.2. Nominated members of staff complete accredited First Aid training including Paediatric First Aid and Emergency First Aid relevant to their roles in the school.

6.3. Any member of staff providing support to a pupil with medical needs will be supported in carrying out their role through relevant and appropriate training. Training needs will be identified through the initial writing of the IHCP and through its annual review. Training will be sought from local healthcare professionals and professional bodies. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at the school.

6.4. The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

6.5. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

6.6. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient. This is at the Head Teacher's discretion. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

6.7. Parents' views will be sought and their relevant information and advice taken into account.

6.8 There should be two members of staff present when administering medicines.

7. Administering Medicines

Please see the administering medicines sections.

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

8.1. After discussion with parents, children who are competent should be encouraged to take responsibility for administering their own medicines and procedures under adult supervision. This will be reflected within IHCPs.

9. Emergency procedures

9.1. The school has in place arrangements for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

9.2. Where a child has an IHCP, this will clearly define what constitutes an emergency and explains what to do; including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school know what to do in general terms, such as informing a teacher immediately if they think help is needed.

9.3. If a child needs to be taken to hospital by a member of staff, or a member of staff accompanies a child taken to hospital by ambulance, staff should stay with the child until the parent arrives.

10. Unacceptable Practice

At Great Sampford Primary School it is not acceptable to:

- prevent children from easily accessing their inhalers and medication and administering their medication when necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the view of the child or their parents or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

11. Roles and Responsibilities

11.1. Parents and Guardians

Parents or carers must provide the school with sufficient and up-to-date information about their child's medical condition

11.2. Head Teacher

The Head Teacher is responsible for ensuring this full medical policy is implemented and for arranging detailed procedures as necessary.

11.3. Teachers and School Staff

There is no legal duty which requires school staff to administer medication; this is a voluntary role. Staff, who teach and support pupils with medical needs, will be fully informed about pupils' needs and are expected to read and understand the IHCP. Training as appropriate will be provided.

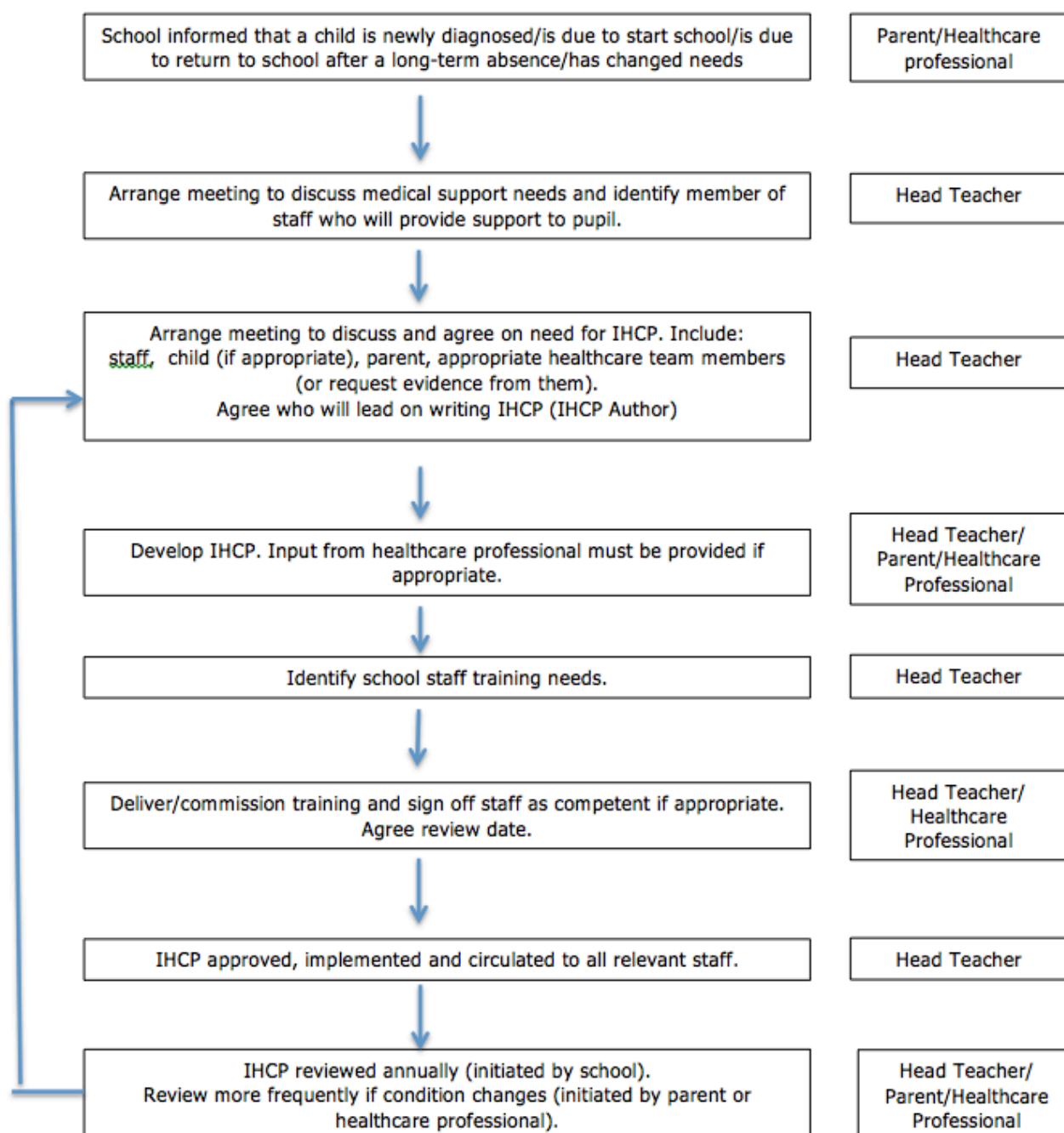
11.4. Health Care Professionals

Health care professionals will provide support and advice to the school on writing and implementing a child's IHCP as required.

12. Concerns and Complaints

12.1. Should parents be dissatisfied with the support provided by the school, they should initially discuss their concerns directly with the Head Teacher. If, for whatever reason, this does not resolve the issue, they may make a formal complaint using the school's complaints procedure. A copy of the school's policy is available on the school website.

Procedure to be followed when the school is notified that a pupil has a medical condition:



Appendix 1



Great Sampford Primary School

Request to administer medication (prescription and non-prescription)

Pupil details

Childs Name _____

Class _____

Address _____

Date of Birth _____

Medication

Condition or illness _____

Name or type of medication _____

Quantity of medication to take _____

For how long your child will take the medication _____

What time to be given _____

Time last taken _____

Special precautions or side effects _____

Contact details

Name _____

Phone number _____

I understand I must deliver the medicine personally with this completed form to the school office and accept that this is a service which the school is not obliged to undertake. I will collect the medicine from the school office at the end of the school day.

Date _____

Signature _____

If more than one medicine is to be given, a separate form should be completed for each one.

This confidential information will be retained by the school as part of our safeguarding and duty of care.

Appendix 2

GREAT SAMPFORD PRIMARY SCHOOL Request for child to carry his/her medicine

Pupil's Details:

Full name: _____ Date of Birth _____ Class _____

Condition or illness _____

Medication:

Name/Type of Medication (as described on the container) _____

For how long will your child take this medication: _____ days or until _____

Date Dispensed: _____ Circle: Self-administered Staff Administer

Full Directions for Use:

Dosage and method: _____

Timing _____

Special Precautions: _____

Side Effects: _____

Procedures to take in an Emergency:

CONTACT DETAILS:

Name: _____ Daytime Telephone No: _____

Relationship to pupil: _____

Address (if different to above): _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

I understand I must deliver the medicine personally with this completed form to the school office and accept that this is a service which the school is not obliged to undertake. I will collect the medicine from the school office at the end of the school day.

Date: _____ **Signature:** _____

If more than one medicine is to be given a separate form should be completed for each one. The school is unable to administer your child's medicine unless you complete and sign this form and the Head Teacher has agreed that school staff can administer the medication.

Appendix 3

GREAT SAMPFORD PRIMARY SCHOOL

Individual Healthcare Plan

Pupil's Surname: _____ **Forename** _____

Address _____

Date of Birth _____ Class _____

Medical Diagnosis or Condition _____

CONTACT INFORMATION:

Family Contacts:

| | | | |
|------------------------|--|------------------------|--|
| Name: | | Name: | |
| Phone no. (daytime): | | Phone no. (daytime): | |
| (home): | | (home): | |
| (mobile): | | (mobile): | |
| Relationship to pupil: | | Relationship to pupil: | |

GP/Hospital Contacts:

| | | | |
|-------------|--|----------------------|--|
| GP's Name: | | Consultant's Name: | |
| Phone no: | | Phone no: | |
| GP Practice | | Hospital and Clinic: | |

Describe medical needs and give details of child's symptoms:

Daily care requirements (eg before sport, at lunch time):

Describe what constitutes an emergency for your child and the action to take if this occurs:

Follow up care:

Any other relevant information:

Please complete separate forms for administration of prescription and non-prescription medicines.

I understand that relevant information about my child's condition will be shared around school to appropriate staff members.

Date _____ Suggested review Date _____ (annually)

Print name _____ Sign name _____

School to complete:

| | | |
|--|-------------------|--------------------------|
| Who is responsible in an emergency: (state if different for off-site activities) | | |
| Risk assessment required: Yes/No | Date completed: | Date to review: (Minimum |
| Staff training required: Yes/No | | |
| Details of training required and for whom: | | |
| Date training completed: | | |
| This form copied to: | Class teacher on: | School Nurse on: |
| Other: | | |

Appendix 4

Toilet Management Plan

Child's Name:

Year Group:

Names of staff involved in care:

Date of Record:

Review Date:

| | |
|--|----------------------|
| Area of need | |
| Equipment required/by whom | |
| Location of suitable toilet facilities | |
| Support required | Frequency of support |

Working towards Independence

| School will | Parents will | Child will try to | Target achieved (date) |
|-------------|--------------|-------------------|---------------------------|
| | | | |

Parent/Carer:

Signed:

Print name:

Member of staff:

Signed:

Print name:

Appendix 5

Record of Intimate Care Intervention

Child's Name:

Year Group:

Names of staff involved in care:

[illegible]