

## Trent CE Primary School Governing Body

### MEDICAL POLICY

# Inspired by Christ



### *Kindness Thankfulness Perseverance*

“A new command I give you: love one another. As I have loved you, so you must love one another”  
Inspired by Jesus’ example, the Trent school community aims to serve one another in love.

We show **kindness** to others because God has shown us great kindness.

We live **thankful** lives, because every good thing comes from God.

We **persevere**, not giving up, because God is our helper.

Approved by committee/GB	Full GB
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## **Statement of intent**

The staff and governors of Trent CE Primary are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. Trent School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs. The policy is drawn up in consultation with a wide range of local key stake holdings within the school and health care setting and complies with Government guidelines for 'Managing Medicines in Schools and Early Years Settings' (2004) and NHS Barnet 'Guidance on Managing Health Care in Schools and Settings' (2010)

Trent School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

Long-term absences, as the result of medical conditions, can affect educational attainment, impact integration with peers, and affect well-being and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an Education, Health and Care Plan (EHCP) collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs & Disability Policy (SEND) will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers. Trent School aim to provide a clear policy that is understood and accepted by all staff, parents and children, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

## **1. Legal framework**

- a) This policy has due regard to legislation including, but not limited to, the following:
- The Children and Families Act 2014
  - The Education Act 2002
  - The Education Act 1996 (as amended)
  - The Children Act 1989
  - The National Health Service Act 2006 (as amended)
  - The Equality Act 2010
  - The Health and Safety at Work etc. Act 1974
  - The Misuse of Drugs Act 1971
  - The Medicines Act 1968
  - The School Premises (England) Regulations 2012 (as amended)
  - The Special Educational Needs and Disability Regulations 2014 (as amended)
  - The Human Medicines (Amendment) Regulations 2017
- b) This policy has due regard to the following guidance:
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
  - DfE (2015) 'Supporting pupils at school with medical conditions'
  - DfE (2000) 'Guidance on first aid for schools'
  - Ofsted (2015) 'The common inspection framework: education, skills and early years'
  - Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- c) This policy has due regard to the following school policies:
- SEND Policy
  - Medical Policy
  - Complaints Procedure Policy

## **2. The role of the governing body**

The governing body:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.

- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the Governing Body reserve the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

### **3. The role of the headteacher**

The headteacher:

- Accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.
- Holds overall responsibility for implementation of this policy.
- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for approving individual health care plans following their development with the school nurse and/or first aid lead and the parent/carer.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the Healthcare NHS Trust (CLCH) School Nursing Service where a pupil with a medical condition requires support that has not yet been identified, and may require ongoing or daily support e.g. diabetes, epilepsy.

#### **4. The role of parents/carers**

Parents or guardians have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to carry out any agreed actions contained in the IHP, making sure that their child is well enough to attend school. Parents/carers must ensure that they, or another nominated adult, are contactable at all times.

#### **5. The role of pupils**

Pupils:

- Where appropriate, are fully involved in discussions about their medical support needs.
- Where appropriate, contribute to the development of their IHP.

#### **6. The role of school staff**

There is no legal duty which requires school staff to administer medication; this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

School staff:

- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **7. The role of the school nurse**

The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a significant medical condition which requires support in school e.g. diabetes or epilepsy.

- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.
- Ensures that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

## **8. The role of other healthcare professionals**

Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a significant medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

## **9. The role of providers of health services**

Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

## **10. The role of the Local Authority**

The LA:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

## **11. The role of Ofsted**

- a) Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

## **12. Admissions**

- a) No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- b) A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

## **13. Notification procedure**

- a) When the school is notified that a pupil has a medical condition that requires support in school, the school nurse informs the headteacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and, where appropriate, the pupil, with a view to discussing the necessity of an IHP (outlined in detail in section 17).
- b) The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher who makes the final decision, based on all available evidence (including medical evidence and consultation with parents/carers).
- c) For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous setting.
- d) Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place as soon as possible.

## **14. Staff training and support**

- a) Any staff member providing support to a pupil with medical conditions receives suitable training.
- b) Staff do not undertake healthcare procedures or administer medication without appropriate training.
- c) Training needs are assessed by the school nurse and lead first aider through the development and review of IHPs on a yearly basis, or termly if required.
- d) Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- e) The proficiency of staff in performing medical procedures or administering prescribed medication, is determined by their certified first aid training qualification. First aiders are required to renew their first aid qualifications every three years.
- f) The school nurse identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situation.
- g) Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.



- h) The school nurse, Designated Safeguarding Lead (DSL) or their deputy and the lead first aider will provide details of further Continuing Professional Development (CPD) opportunities for staff regarding supporting pupils with medical conditions.

## **15. Self-management**

- a) Following discussion with parents/carers and pupils, who are competent to manage their own health needs, are encouraged to take responsibility for self-managing their procedures. This is reflected in their IHCP. All medicines must be administered by an adult, with the exception of prescribed creams, where a first aider will oversee the procedure. Medicines and devices are kept in suitable locations where they can be accessed quickly and easily.
- b) If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHCP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- c) If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Drugs and Alcohol Policy.

## **16. Supply teachers**

Supply teachers are:

- Provided with access to this policy, when necessary.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## **17. Individual healthcare plans (IHPs)**

- a) The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.
- b) The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.
- c) IHPs include the following information:
  - The medical condition, along with its triggers, symptoms, signs and treatments.
  - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
  - The support needed for the pupil's educational, social and emotional needs.
  - The level of support needed, including in emergencies.
  - Whether a child can self-manage their medication.

- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
  - Who needs to be made aware of the pupil's condition and the support required.
  - Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
  - Separate arrangements or procedures required during school trips and activities.
  - Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
  - What to do in an emergency, including contact details and contingency arrangements.
  - Consent and agreement
- d) Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.
  - e) IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved. All IHPs are kept securely in the medical room.
  - f) IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
  - g) Where a pupil has an EHCP the IHP is linked to it or becomes part of it.
  - h) Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

## **18. Specific conditions, e.g. asthma, epilepsy, anaphylaxis and diabetes**

This school recognises that **asthma** is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

- a) Parents have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the pupil and class name. These should be kept in an assigned container within the classroom and accompany the child if they are educated outside the school premises.
- b) Children with asthma must have immediate access to inhalers when they need them. Where a (personal) spacer device may be required the pupil may need support to use this and these will be located in the medical room or within the first aid bag if the pupil is engaged in an offsite activity. Following the change in legislation 1st October 2014, the school now will keep spare Salbutamol inhalers in school in the medical room. THESE INHALERS WILL NOT CARRY A PRESCRIPTION LABEL AND WILL ONLY BE USED IN THE ABSENCE OF THE CHILD'S CORRECT INHALER. ANY PRESCRIBED INHALER MUST NOT BE USED FOR ANOTHER CHILD.
- c) A record sheet to record the frequency of an inhaler use can be found in the folder in the class medical box. This should be completed for all KS1 pupils, and for KS2 children where usage exceeds normal daily administration.

- d) Parents should be notified when a child has used an inhaler excessively or more regularly than usual.
- e) Leaders of 'after school clubs' are aware if a member is asthmatic.

#### **Adrenaline auto-injectors (AAIs)**

- a) The administration of AAIs and the treatment of anaphylaxis will be carried out by appropriately trained members of staff.
- b) A register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- c) Where a pupil has been prescribed an AAI, this will be written into their IHP.
- d) For each pupil that has been prescribed AAI devices, these are stored in a clearly labelled container. These containers are stored safely in a central location: in the medical room.
- e) All staff members will be trained annually in how to administer an AAI, and the sequence of events to follow when doing so.
- f) If necessary, staff members may assist the designated with administering AAIs, such as where the pupil needs restraining.
- g) The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches.
- h) The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures.
- i) The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- j) Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- k) Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- l) Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- m) In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.
- n) Where any AAIs are used, the following information will be recorded on the Medical Tracker:
  - Where and when the reaction took place
  - How much medication was given and by whom
- o) For children under the age of six, a dose of 150 micrograms of adrenaline will be used, unless otherwise prescribed by a doctor.
- p) For children aged 6-11 years, a dose of 300 micrograms of adrenaline will be used, unless otherwise prescribed by a doctor.

- q) AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.
- r) In the event of a school trip, pupils at risk of anaphylaxis will take two of their own AAI's with them in a clearly labelled box.

Following the change in legislation on 1st October 2017, the Human Medicines (amendment) Regulations 2017, have allowed primary schools to buy adrenal auto-injector devices without prescription. Therefore, they will keep spare auto-injectors in school, in the school medical room. THESE AUTO-INJECTORS WILL NOT CARRY A PRESCRIPTION LABEL AND WILL ONLY BE USED IN THE EVENT THAT THE CHILD'S CORRECT AUTO-INJECTOR FAILS. ANY PRESCRIBED AUTOINJECTOR MUST NOT BE USED FOR ANOTHER CHILD.

## **19. Managing medicines**

The policy of this school is not to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education.

- a) Prescribed medicines should only be brought to school when essential, that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
- b) Medicines prescribed 'three times a day' should be administered before school, after school and at night. The school recognises that in a few cases (as stipulated by a doctor in writing) and agreed by the headteacher, that staff may administer medication following completion of the school's medical form. However, parents and carers are permitted into school to administer medication if they so desire.
- c) Exceptions to a) & b) relate only to pupils with IHP's who have individual needs requiring emergency medication to treat specific conditions such as anaphylaxis.
- d) The school will only accept medicines that have been prescribed by a doctor, dentist, nurse practitioner or pharmacist prescriber. Medicines must be in date, in their original container and with the prescriber's instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- e) Non-prescribed medicines will only be administered in the following situations:
  - With prior written permission from parents in extreme circumstances such as residential trips. Staff will check the medicine has previously been administered without adverse effect and the school's medical form must be completed. Staff will never administer medicines containing aspirin unless prescribed by a doctor.
  - When instructed by a member of the medical profession.
  - Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
  - Non-emergency prescribed medication is stored safely with the schools' medical form in the medical room. Medication requiring refrigeration is stored in the medical room fridge.
- f) Emergency medications such as Adrenalin Auto Injectors (AAIs) must be readily available in a clearly labelled container in the in the medical room. Asthma inhalers

are kept in the child's classroom medical box. Adrenalin Auto Injectors (AIs) are kept in a drawer, labelled 'Epipens', in the medical room. Children know where their medicines are stored. All staff know where medicines are stored.

- g) When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- h) Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year. Any medicines that have not been collected will be taken to a local pharmacy for safe disposal
- i) Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- j) The school holds asthma inhalers for emergency use. The inhalers are stored in the medical room and their use is recorded.
- k) Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- l) Records are kept of all medicines administered to individual pupils – stating what and how much was administered, when and by whom. A record of any side effects presented is also held. All medication administered is witnessed and signed off by two members of staff.
- m) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The Welfare Officer will also check medication expiry dates twice a year.

## **20. Sun cream**

Sun cream is to be applied before the school day. If parents wish for this to be reapplied throughout the day, a personal, labelled sun cream may be handed to the class teacher or teaching assistant. This will be stored out of reach of children and handed to the child for self-application as and when needed.

## **21. Other injuries, including head and facial injury**

Pupils who sustain an injury, either inside or outside of the school setting, and have received medical attention, by a medical professional, will be provided with a short term care plan. To ensure that the correct care is provided, parents must communicate details of injuries and medical advice; this will allow the school to risk assess the pupils' participation in their curriculum activities.

Pupils who sustain a head injury in school MUST be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A head injury will be recorded on 'Medical tracker' and information emailed to parents.

If a pupil displays a facial injury, their class teacher or teaching assistant will seek an explanation as to how it occurred and keep a record.

## **22. Sickness and Diarrhoea**

Any child who has had any kind of sickness and/or diarrhoea must remain away from school for 48 hours from the last episode.

## **23. Record keeping**

This school recognises no child under 16 should be given medicines without their parent's written consent. Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions. Requests for staff to administer medication should be written on the school's medical form: ***Authorisation for administering medication including emergency contact details.***

These should include:

- Name of child, and class
- Name of medicine
- The prescribed dose
- Method of administration (written on the label/container, by the prescriber)
- Time/frequency of medication
- Potential side effects
- Expiry date

The person administering must check and sign and this must be witnessed and signed by another member of staff, and completed written records should be kept in the medical room and referred to when administering medication. The record folder must be completed by staff following administration. In addition, parents are notified via email. (Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.)

Appropriate forms for record keeping can be found in [appendix b](#) of this policy.

Requests for updated medical conditions, including asthma, are distributed to parents at the beginning of each school year. These are collated by the Welfare Officer. All staff have access to this information and actions to take in an emergency.

Children with food allergies have their photographs and details displayed in the catering manager's office to ensure that food products are safe for children.

Updated medical conditions and reviews of policies and practice are monitored and disseminated by the Welfare Officer.

If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

#### **24. Emergency procedures, including the use of defibrillators**

- a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.
- b) Where an IHP is in place, it should detail:
  - What constitutes an emergency
  - What to do in an emergency
- c) Children are informed in general terms of what to do in an emergency, such as telling a teacher.
- d) In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.
- e) If a child needs to be taken to hospital, all staff know who to contact the emergency services.

The school has a Heartsine Samaritan PAD automated external defibrillator (AED). The AED will be stored in the corridor outside the medical room on a hook, out of reach for children. All staff members will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out when conducting the health and safety walkabout with governors. No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, first aiders will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use. The emergency services will always be called where an AED is used or requires use. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight. Maintenance checks will be undertaken on a regular basis by the medical lead, who will also keep an up-to-date record of all checks and maintenance work.

#### **25. Day trips, residential visits and sporting activities**

- a) Pupils with medical conditions are actively encouraged and supported to participate in school trips, sporting activities and residential visits.
- b) Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
- c) The school will arrange for reasonable adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

- d) Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about their child's current general health and medication. Prescribed medication will be administered, providing parents have completed the school's medical form. Parents are invited to provide written consent to enable staff to act 'in loco parentis' and administer Calpol analgesia antihistamine if required. Where this is refused, parents are requested to discuss alternative support measures with staff.
- e) Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of IHPs will be taken on all visits as well as emergency medication that may be required.

## **26. After school activities and extended services**

Children with medical needs, attending on site school activities, before or after the normal school day, will have access to medical attention via the person in charge of the activity or by a school first aider as appropriate.

## **27. Unacceptable practice**

The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## **28. Complaints**

- a) Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- b) If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the school Complaints Procedure Policy.
- c) If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE



#### Appendix A: Individual Healthcare Plan Implementation Procedure

1

- A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.

2

- The headteacher coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.

3

- A meeting is held to discuss and agree on the need for an individual healthcare plan (IHP).

4

- An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.

5

- School staff training needs are identified.

6

- Training is delivered to staff and review dates are agreed.

**Appendix B:**  
**Record of Medicine Administered to an Individual Child**

*To be used for children requiring daily or more frequent medication and where a separate running record needs to be kept e.g. for children with epilepsy*

Name of child:

Date medicine provided by parent:

Group/class/form:

Quantity received:

Name and strength of medicine:

Expiry date:

Quantity returned:

Dose and frequency of medicine:


Staff signature: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:


Date:

Time given:


Dose given:

Name of member of staff:

Staff initials:


Date:

Time given:

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Name of member of staff:

Staff initials:


Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:


Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:


**Appendix C: Contacting Emergency Services**  
**To be stored by the phone in the school office**

**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.**

- The telephone number:020 84496875
- Your name.
- Your location as follows: Trent Primary School, Church Way, East Barnet, London, Barnet EN4 9JH
- The satnav postcode: EN4 9JH
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.