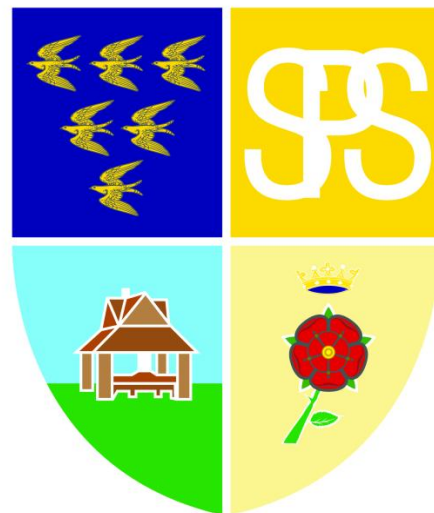


Sedlescombe Church of England Primary School



Supporting Pupils with Medical Conditions Policy 2019-2020

This policy was adopted on 9th December 2019

This policy is due for review in November 2020

Learning, Loving and Growing Together with God

Sedlescombe Vision and Values



Motto:

Learning, Loving and Growing Together with God

Values:

Aspiration	Honesty	Forgiveness
Courage	Thankfulness	Kindness

Vision:

**Our school is a family with God at its heart.
Christian values guide and inform all that we do.**

We aim to:

- **Provide a welcoming, safe and nurturing environment where everyone is able to learn and grow as a unique individual.**
- **Encourage and support each other to be ambitious, resilient and independent lifelong learners.**
- **Develop enquiring minds and a love of learning.**
- **Value everyone and celebrate their beliefs, achievements, skills and contributions.**
- **Provide a curriculum that is creative, exciting, challenging and takes learning beyond the classroom.**
- **Reach the highest standards in achievement and attainment.**
- **Create a learning community where everyone is nurtured and challenged to develop academically, personally, morally and spiritually.**
- **Support each other to develop the skills, attitudes and values to grow into responsible members of our global community and God's world.**

Learning, Loving and Growing Together with God

1. Introduction

- 1.1 This policy is written in line with the requirements of:
- Children and Families Act 2014 - section 100
 - Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE), September 2014
 - 0-25 SEND Code of Practice, DfE 2014
 - Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
 - Equalities Act 2010
 - Schools Admissions Code, DfE 1 Feb 2010
- 1.2 This policy should be read in conjunction with the schools other Policies which are available on the school website.
- 1.3 This policy was developed with the Senior Leadership Team, Governors and health care professionals and will be reviewed annually.

2. Definitions of Medical Conditions

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

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

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

- 2.2 Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

3. The Statutory Duty of the Governing Body

- 3.1 The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Sedlescombe CEP fulfil this by:
- 3.1.1 Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
 - 3.1.2 Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
 - 3.1.3 Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
 - 3.1.4 Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
 - 3.1.5 Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
 - 3.1.6 Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
 - 3.1.7 Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
 - 3.1.8 Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notification is received that a pupil has a medical condition);
 - 3.1.9 Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
 - 3.1.10 Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);

- 3.1.11 Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- 3.1.12 Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- 3.1.13 Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- 3.1.14 Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- 3.1.15 Where home to school transport is being provided by East Sussex County Council, to support the development of any associated risk assessments and/or specific transport emergency plans;
- 3.1.16 Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- 3.1.17 Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section on Liability and indemnity);
- 3.1.18 Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section on complaints).

4. Policy Implementation

- 4.1 The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below; however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.
- 4.2 The overall responsibility for the implementation of this policy is given to the Head Teacher. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.
- 4.3 Mrs Caroline Harvey, Headteacher, along with the Senior Leadership Team, will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. This will be worked in partnership with the class teachers.
- 4.4 Mrs Naomi Oakley, Inclusion Manager, will be responsible in conjunction with parents/carers and staff, for drawing up, implementing and keeping under review, the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

- 4.5 All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

5. Notification that a Pupil has a Medical Condition

- 5.1 This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Sedlescombe CEP for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Sedlescombe CEP mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.
- 5.2 In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.
- 5.3 We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.
- 5.4 Sedlescombe Church of England Primary School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence to do our best in meeting the needs of the child. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary, to ensure that the right

support can be put in place. These discussions will be led by a senior Leader (Headteacher and/or Senior Leadership Team) and then an individual healthcare plan will be written in conjunction with the parent/carers and relevant staff by Mrs Naomi Oakley, Inclusion Manager and put in place.

6. Individual Healthcare Plans

- 6.1 Individual Healthcare Plans will help to ensure that Sedlescombe CEP effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher, Mrs Caroline Harvey, is best placed to take a final view.
- 6.2 Individual Healthcare Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHC Plan, their special educational needs should be mentioned in their Individual Healthcare Plan.
- 6.3 Individual Healthcare Plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Sedlescombe CEP should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
- 6.4 Sedlescombe Church of England Primary School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Sedlescombe CEP assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

- 6.5 Individual Healthcare Plans will suit the specific needs of each pupil, but will all include the following information:
- 6.5.1 The medical condition, its triggers, signs, symptoms and treatments;
 - 6.5.2 The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
 - 6.5.3 Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - 6.5.4 The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - 6.5.5 Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
 - 6.5.6 Who in the school needs to be aware of the child's condition and the support required;
 - 6.5.7 The secretary will make arrangements for written permission from parents/carers and the Headteacher, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - 6.5.8 Separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;
 - 6.5.9 Where confidentiality issues are raised by the parent/child, the designated individual is to be entrusted with information about the child's condition; and
 - 6.5.10 What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

7. Roles and Responsibilities

- 7.1 Please refer to the section on policy implementation for the functions that have been delegated to different members of staff at Sedlescombe Church of England Primary School.
- 7.2 In addition we can refer to the School Nursing Team for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

- 7.3 Other healthcare professionals, including GPs and paediatricians should notify the School Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).
- 7.4 Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- 7.5 Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- 7.6 East Sussex County Council will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. TLP (Teaching and Learning Provision) is an East Sussex service which supports schools in the education of children and will provide teaching in a range of settings if a young person is unable to attend school for 15 days or more because of health needs (whether consecutive or cumulative across the year).
- 7.7 Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- 7.8 The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

8. Staff Training and Support

- 8.1 This policy will be presented to whole staff team by the Inclusion Leader and governors so that staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

The following staff have received training for administrating medicines:

Name	Position	Date of Training	Recertification Date
Mandy Hardes	Secretary	16th May 2019	15th May 2021
Caroline Harvey	Headteacher	11th October 2019	10th October 2021
Louisa Best	Clerical Assistant	12th December 2019	11th December 2021

The following staff have received specific/specialist training:

Defibrillator Training:

The defibrillator is located outside of the school office. It should be noted that although training has been provided to support staff in feeling confident to use it, training **is not** required for anyone to be able to use the defibrillator.

Diabetes Training:

The school diabetes nurse has provided training to the following members of staff who all work with children with diabetes in the school:

- Michelle Riseborough
- Alison Pierce
- Alex Lawrence
- Kimberley Glen
- Braidie Paton
- Lorraine Nightingale
- Teresa Morrell
- Alison Spray

First Aid at Work:

Name	Position	Date of Training	Recertification Date
Mandy Hardes	Secretary	31st January 2018	31st January 2021
Caroline Harvey	Headteacher	31st January 2018	31st January 2021

Paediatric First Aid:

Name	Position	Date of Training	Recertification Date
Michelle Riseborough	EYFS Teacher	September 2018	September 2021

School First Aid/Outdoor First Aid:

Name	Position	Date of Training	Recertification Date
Sharon Sinden	TA	26 th January 2018	26 th January 2021
Kane Saull-Hunt	Forest School Leader		

Emergency First Aiders: 13

- 8.2 We will record staff training for administration of medicines and /or clinical procedures.
- 8.3 All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.
- 8.4 Training should 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 set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 8.5 For the protection of both staff and children a second member of staff will be present while more intimate procedures are being followed.
- 8.6 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.
- 8.7 All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Headteacher will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- 8.8 The family of a child will often be essential in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

9. The Child's Role in Managing their own Medical Needs

- 9.1 If, after discussion with the parent/carer, it is agreed that the child is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.
- 9.2 Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the main office to ensure that the safeguarding of other children is not compromised. Sedlescombe Church of England Primary School also recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
- 9.3 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

10. Managing Medicines on School Premises and Record Keeping

- 10.1 At Sedlescombe Church of England Primary School the following procedures are to be followed:
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
 - No child under 16 should be given prescription or non-prescription medicines without their parents' written consent - **except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;**

School policy on non-prescription medicines is:

- With parental written consent we will only administer non-prescription medicines if they require a dose **4** times per day, with the exception of aspirin or aspirin containing medicines, unless it is prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Sedlescombe Church of England Primary School will only accept prescribed medicines, with written permission (using the school medicines administration forms) filled in by the parent/carer; the medicines must be in-date, labelled, provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage. They will need to require a dose **4** times per day. The exception to this is insulin which must be in-date,

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but will generally be available to schools inside an insulin pen or a pump, rather than its original container;

- It is recommended that a primary school child should never carry medicine to and from school. Medicine must be handed to Mrs Mandy Hardes in our school office as soon as the child arrives at school, and collected by the parent/carer from the office at the end of the day.
- All medicines will be stored safely in the main office. All non-emergency medication will be kept in a secure cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There should be restricted access (adults only) to a refrigerator holding medicines.
- Children will know where their medicines are at all times and be able to obtain access to them immediately via a staff member.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available within the pupil's class or carried with a member of staff who is supervising and not locked away. Asthma inhalers should be marked with the child's name, as for all medicines in school.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. Controlled drugs should be easily accessible in an emergency. In cases of emergency the key must be readily available to all members of staff to ensure access. A record should be kept of any doses used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. Sedlescombe CEP will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual child's medicine record before any dose is given, etc.

- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

11. Emergency Procedures

- 11.1 The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.
- 11.2 Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 11.3 If a child needs to be taken to hospital, staff should stay with them until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

12. Offsite Visits and Sporting Activities

- 12.1 We will actively support pupils with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.
- 12.2 We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by our Offsite Visits Policy.
- 12.3. Staff with the role of administering medicines must have relevant and current training to do so. A first aid qualification does not cover the skills and knowledge required for the administration of medicines.

13. Other Issues for Consideration

- 13.1 Where home to school transport is being provided by East Sussex County Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where children have a life threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to followed in the event of an emergency.

14. Hygiene/Infection Control

- 14.1 All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the Guidance for Schools on First Aid.

15. Equipment

- 15.1 Some children will require specialist equipment to support them whilst attending school. Staff should check the equipment, in line with any training given, and report concerns to the relevant person of the service or setting.
- 15.2 The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure should be detailed within the individual healthcare plan.
- 15.3 Staff must be made aware of the use, storage and maintenance of any equipment.

16. Unacceptable Practice

- 16.1 Although staff at Sedlescombe CEP should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
- 16.1.1 Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - 16.1.2 Assume that every child with the same condition requires the same treatment;
 - 16.1.3 Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
 - 16.1.4 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;
 - 16.1.5 Send a child who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;
 - 16.1.6 Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
 - 16.1.7 Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
 - 16.1.8 Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child,

including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

- 16.1.9 Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

17. Liability and Indemnity

Maintained Schools

Individual cover may need to be arranged for any healthcare procedures – the school bursar will seek advice from the Insurance and Risk Management Team. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

- 17.1 Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

18. Complaints

- 18.1 Should parents/carers be unhappy with any aspect of their child's care at Sedlescombe Church of England Primary School, they are encouraged to discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team/or directly to the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Sedlescombe Church of England Primary School Complaints Procedure.

Sedlescombe Church of England Primary School Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in 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

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*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by
 Name of school/setting
 Name of child
 Date of birth
 Group/class/form
 Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)
 Expiry date
 Dosage and method
 Timing
 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

Contact Details

Name
 Daytime telephone no.
 Relationship to child
 Address
 I understand that I must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Record of Medicine Administered to an Individual Child

Name of school/setting

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 _____

Any other relevant information:

Record of medicines given to: _____

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			
Dose given			
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			

Staff Training Record – Administration of Medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above:

Staff signature _____

Date _____

Suggested review date _____