

Victoria Road Primary School Supporting Pupils with Medical Conditions Policy



POLICY DOCUMENT

Approved by: FGB

Date: July 2025

Date of next review: July 2028

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, DfE Sept 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

This policy should be read in conjunction with other school policies including:

- SEND Policy
- Child Protection Policy
- Equality Information and Objectives
- Complaints Policy

This policy was based on guidance by Kent County Council and will be reviewed every 3 years.

Definitions of medical conditions

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

Short-term affecting their participation at school because they are in treatment, accessing an intervention and/ or 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 medical health needs and keep them well, including monitoring, preventative care and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical health needs and that pupils feel safe.

It is important that short and long term care is provided in a non-stigmatising way wherever possible. For example, agreed subtle communication queues about medical health needs between pupils and staff.

Some children with medical health needs may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010 i.e. to make 'reasonable adjustments' to make sure disabled students are not discriminated against. The duty to make reasonable adjustments in education is 'anticipatory'. This means schools must consider in advance what they need to do to make sure all disabled pupils can access and participate in the education and other benefits, facilities and services they provide for their pupils.

Some may also have special educational needs (SEN) and may have a statement or 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.

The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical health needs. The governing body of Victoria Road Primary School fulfil this by: -

- o Ensuring that arrangements are in place to support pupils with medical health needs. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child.

- o Ensuring that where children and young people also have SEN, their provision is planned and delivered in a co-ordinated way with the healthcare plan.
- o Taking into account that many medical health needs 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 health needs impacts on their school life;
- o Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical health needs, 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;
- o Ensuring that no child with a medical health need is denied admission, or prevented from taking up a place in school because arrangements for their medical health needs 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 (Health protection: Infectious diseases - detailed information - GOV.UK (www.gov.uk)), 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;
- o 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.
- o Developing a policy for supporting pupils with medical health needs that is reviewed regularly and accessible to parents and school staff (this policy).
- o Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation).
- o Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical health need (see section below on procedure to be followed when notifications is received that a pupil has a medical health need).
- o 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 health needs (see section below on individual healthcare plans).
- o Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical health needs 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).
- o Ensuring that the school policy names the Emotional Wellbeing and Mental Health school lead, the school contact for School Health and the member of the governing body or a sub-committee with specific oversight of the school's arrangements for SEN and disability.

- o 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).
- o 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).
- o Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures).
- o Ensuring that robust risk assessments are completed, and appropriate arrangements are clear and unambiguous to actively support pupils with medical health needs 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);
- o Considering
 - o developing transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport.
 - o purchasing and training staff in the use of defibrillators
 - o anaphylaxis – preventative approaches e.g., nut free school and access to medication
 - o holding asthma inhalers for emergency use;
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
 - o Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice).
 - o Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity).
 - o Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical health needs (see section on complaints).

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. A member of the governing body or a sub-committee must have specific oversight of the school's arrangements for SEN and disability.

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.

The overall responsibility for the implementation of this policy is given to Kelly Collens, Headteacher. S/he 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.

Jill Evans, Assistant Headteacher, will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable.

Alice Hawksley, Inclusion Manager, will be responsible in conjunction with parents/carers, 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.

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.

Procedure to be followed when notification is received that a pupil has a medical condition

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 Victoria Road Primary School 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 Victoria Road Primary School mid-term, we will make sure no child is prevented from attending school because arrangements for supporting medical condition have not been put in place.

In making the arrangements, we will take into account that many of the medical conditions that require support at school may 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, including emotional wellbeing and mental health, impact on the child's ability to learn, as well as increase their confidence and promote self-care.

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 school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician 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.

Victoria Road 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. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, discussions will be required to ensure that the right support can be put in place. These discussions will be led by Kelly Collens, Headteacher, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers by Alice Hawksley (Inclusion Manager), and be put in place.

Individual healthcare plans

- o *Individual healthcare plans are not the same as [education, health and care \(EHC\) plans](#) which set out the support needed by children with SEND, although some children may have both types of plan. As stated below where the child has an EHC the individual healthcare plan should be linked to or become part of the EHC plan*
- o Individual healthcare plans will help to ensure that Victoria Road Primary School 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, Kelly Collens, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

- o 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.
- o 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.
- o The aim should be to capture the steps which Victoria Road Primary School 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.
- o Victoria Road 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 Victoria Road Primary School 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.
- o Template 1 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information.
- o The medical condition, its triggers, signs, symptoms and treatments.
- o 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;
- o 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.
- o 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.

- o 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.
- o Who in the school needs to be aware of the child's condition and the support required.
- o Arrangements for written permission from parents/carer and the Headteacher, Kelly Collens, for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- o Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment.
- o Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- o 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.

Intimate Care

Victoria Road Primary School acknowledges that some children may require additional support with intimate care. Intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes
2. Changing or washing a child who has wet or soiled him / herself
3. Assisting with toileting issues, including children who are not yet toilet trained
4. Supervising a child involved in intimate self-care
5. Providing first aid assistance
6. Providing comfort to an upset or distressed child
7. Feeding a child *
8. Providing oral care to a child
9. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. *

* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure. Parents have the responsibility to advise the school of any known intimate care needs relating to their child in order that risk assessments can be put in place.

Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010. The dignity, rights and wellbeing of every child are safeguarded. We ensure that intimate care is carried out properly by staff, in line with any agreed plans. Staff who carry out intimate care do so within the guidelines (ie. health and safety, manual handling, safeguarding protocol awareness) that protect themselves and the pupils involved. Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account.

Assisting a child to change his / her clothes:

On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always try to give the child the opportunity to change in private, wherever possible they will ensure a colleague is in attendance. If the latter is not possible then a door to toilets / changing room

will be left ajar. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

Changing a child who has soiled him/herself:

On occasion a child requires support with toileting, usually wiping themselves clean. When this occurs, staff will explain to the child how to manage themselves, they stay present and talk the child through the process until they are confident and competent with self care. A parent or carer will be made aware so that they can support their child at home too.

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to support at school or collect the child for changing at home. The child's needs are paramount and he/she should be comforted and reassured throughout. Parents will be informed if a child has soiled themselves.

Should there be repeated incidents of soiling an individual toilet plan may be put in place.

Assisting a child who is not yet toilet trained:

For children who need routine intimate care (e.g. for toileting) parents will be asked to sign a consent form (Template D).

Staff will use the disabled toilet changing facility, to deliver intimate care in private, wherever possible they will ensure a colleague is in attendance. If the latter is not possible then a door to toilets / changing room will be left ajar. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

Staff have access to protective gloves and aprons, cleaning supplies, electronically adjustable changing table and bins.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

For children whose needs are more complex or need particular support outside of this an intimate care plan will be created in discussion with the parents (Template E).

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals. The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately. Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted. The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

Providing comfort or support to a child:

There are situations and circumstances where children seek physical comfort from staff. Where this happens staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is

unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Teacher for Child Protection.

Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

This policy outlines arrangements for the management of the majority of medications in school. Parental permission must be given before any medication is dispensed in school - this form is kept in the office.

A small number of children will have significant medical needs and in addition to the arrangements included in this will have an Individual Healthcare Plan'. This Healthcare Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Victoria Road Primary School.

In addition **the health professional involved in their care** can 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.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Children's community health teams ie. Children's community nursing teams which includes specialist practitioners for asthma, epilepsy or diabetes, may be able to provide support, and training to staff, for children with particular needs.

School Health provide virtual generic awareness updates for Asthma, Epilepsy and Anaphylaxis, the service is not notified when an individual child is identified as having medical condition requiring support in school. Schools can contact the service directly.

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. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. In many cases they may 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.

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC 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. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for

15 days or more because of health needs (whether consecutive or cumulative across the year)
[education for children with health needs who cannot attend school](#)

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.

The Integrated Care Board (ICB) commission healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and the ICB to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

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.

Staff training and support

Most of the Teachers, TAs, Lunchtime Supervisors and After School Club Staff are school first aiders. In addition, there are a few members of staff who are paediatric first aiders.

Class staff are responsible for administering medicines.

Some staff have received specific/specialist training in which is updated as and when needed:

Dysphagia

Asthma

Epilepsy

Anaphylaxis

Staff training for administration of medicines and /or medical procedures is logged in SIMS Personnel.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional 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.

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.

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.

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 (including safe storage and handling of medication) and their role in implementing the policy. Kelly Collens, 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.

The family of a child will often be key 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.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

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 classroom to ensure that the safeguarding of other children is not compromised. Victoria Road Primary School does also recognise 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.

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.

Managing medicines on school premises and record keeping

At Victoria Road 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 (see template B) - 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.
- With parental written consent Victoria Road Primary School will consider administering non-prescription/over the counter medicines except never aspirin or containing aspirin except prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed. In some cases, parents/carers might be asked to attend the school to administer over the counter medication.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Victoria Road Primary School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispense a pharmacist and include instructions for administration, dosage, and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

- All medicines will be stored safely in a lockable cupboard or the office. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available state where and not locked away. Asthma inhalers should be marked with the child's name.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required.
- A child who had 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. Controlled drugs should be easily accessible in an emergency. 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. Victoria Road Primary School will keep a record (see template C) 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.
- 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.

Emergency procedures

Kelly Collens, 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.

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.

If a child needs to be taken to hospital, staff should stay with the child 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.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a paediatrician that this is not possible.

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. This will involve

consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

The school have a defibrillator which is kept in the office reception area. Defibrillator training is included within staff first aid training.

Once regulations have changed the Governing Body will consider whether to hold asthma inhalers on site for emergency use.

Unacceptable practice

Although staff at Victoria Road Primary School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- o Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- o Assume that every child with the same condition requires the same treatment;
- o Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- o 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;
- o If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;
- o Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- o Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- o 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
- o Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and indemnity

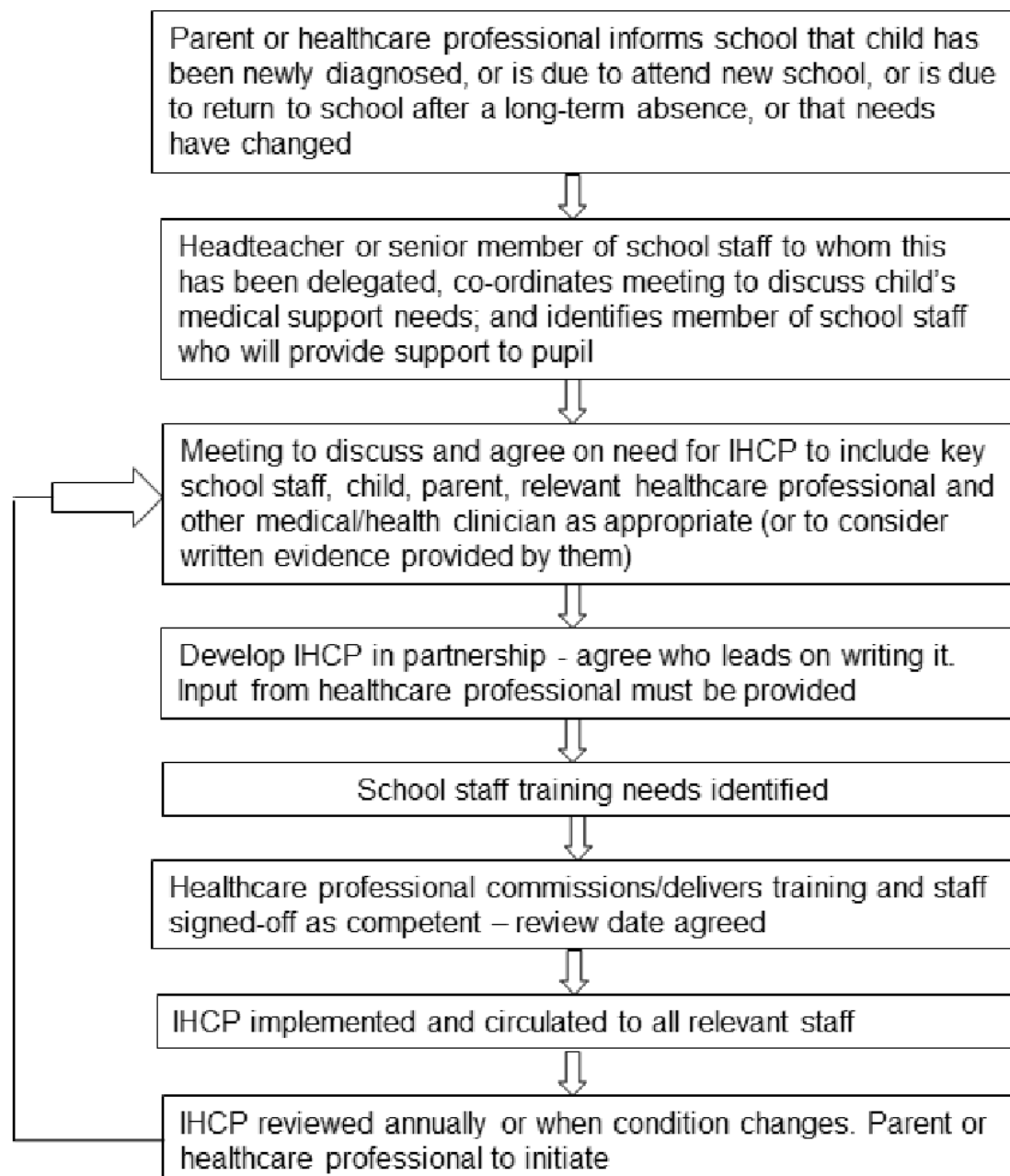
Our Public Liability Insurance is held with Kent County Council.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at Victoria Road Primary School, they must 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 the school FLO, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Victoria Road Primary School Complaints Procedure.

Further sources of information [here](#)

Annex A: Model process for developing individual healthcare plans



Template A: Individual Healthcare Plan

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

Template A: Individual Healthcare Plan

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

Template A: Individual Health Care Plan

Victoria Road Primary School

Individual Health & Care Plan

Name of Student:

DOB:

NC Year Group:

The Child's Story and Reason for the Plan:

Date of Plan:



Opportunity	Agreed Goal	Actions	By Whom	Resources	Review Date	Outcomes

School

Parent

Name:

Name:

Signature:

Signature:

Date:

Date:

Template B: parental agreement for setting to administer medicine



ADMINISTRATION OF MEDICINE IN SCHOOL

PARENTAL AGREEMENT FOR THE ADMINISTRATION OF MEDICINES

Victoria Road Primary will not give your child medicine unless you complete and sign this form. Victoria Road Primary has a policy that staff can administer medicine. MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER

Today's Date:		Child's Name:	
Child's Age:	Child's DOB	Child's Year Group:	
Condition/Illness:		Name & Strength of Medicine:	
Where Medicine Kept:		Side Effects:	
Expiry Date:		How much to be given:	
When to Administer:		Quantity Received:	
Daytime contact number of parent:		Name & Contact number of GP	
Review Date:			

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

Parent Signature: _____ **Print Name:** _____

The Headteacher/Deputy Headteacher at Victoria Road Primary, has agreed to a member of staff administering medicine where a Risk Assessment or Health Care Plan are not needed.

It is agreed that _____ will receive _____
 (child name) (Quantity and name of medicine)

Every date at _____

_____ will be given their medicine/supervised taking their medicine by
 (child name)

_____ This arrangement will continue until _____
 (Name of staff member) (end date or as instructed by parent)

Signed: _____ Date: _____
 (Headteacher/Deputy Headteacher/Senior Manager)

RECORD OF ADMINISTRATION OF MEDICINE TO CHILD

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Template C: record of medicine administered to an individual child

RECORD OF ADMINISTRATION OF MEDICINE TO CHILD

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Date	/ /	/ /	/ /	/ /
Time Given				
Dose Given				
Name of Staff member				
Staff initials				

Template D: Parent/Carer Consent Form (Intimate Care)

<u>Permission for school to provide intimate care</u>	
Name of child	
Date of birth	
Name of parent/carers	
Address and contact details	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carers signature	
Name of parent/carers	
Relationship to child	
Date	

Template E: Intimate Care Plan Template

<u>Intimate Care Plan</u>	
Parent	
Name of child	
Type of intimate care needed	
How often will care be given?	
Where will the care take place?	
How many adults will help?	
Any staff training needed?	
What resources and equipment will be used? Who will provide them?	
How will procedures differ if taking place on a trip / outing	
Name of staff responsible for ensuring care is carried out according to the intimate care policy (including name of senior leader).	
Any other comments?	
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	