

## Burwell Village College Primary School

### Supporting Pupils at School with Medical Conditions Policy (2018)

All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 updated 11th December 2015 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014 <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children. <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and disabilities, also including pupils with medical conditions.

Disabilities, also including those pupils with medical conditions. 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.

Pupils' medical conditions may be summarised as being of two types:

- **Short-term** affecting their participation in school activities while they are on a course of medication (requiring a Parental Agreement for School to Administer Medication form 'Medicine form'). **Appendix 1.**
- **Long-term** potentially limiting their access to education and requiring extra care and support (requiring an Individual Healthcare Plan 'IHP'), Appendix 2, and may include pastoral support plans if required, **Appendix 3.**

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

The governing body is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need. The governing body must comply with other relevant duties, such as for disabled children or for children with a statement of special educational needs (see also Special Educational Needs Code of Practice). The governing body remains legally responsible and accountable for fulfilling their statutory duty.

On notification of a child's medical condition one or both of a Medicine form and IHP are to be completed, to be developed and implemented by the SENCO, Deputy Head & Class Teacher. All staff are to be aware of and follow pupils individual healthcare plans, particularly with reference as to what to do in an emergency. This duty also extends to staff leading activities taking place out of normal school hours or off the school site. This could extend to a need to administer medication or call for help from the emergency services. In the absence of an healthcare plan, the school's standard emergency procedure, **Appendix 4**, will be followed. Updated staff advice & guidance to staff on pupil medical conditions & administering pupil medication is contained in **Appendix 5.**

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with all relevant information.

- Welcome and support pupils with medical conditions and make arrangements for them based on good practice.
- The school adopts and implements the statutory guidance. (Department of Education **Supporting pupils at school with medical conditions** (Statutory guidance for governing bodies of maintained schools and proprietors of academies in England) **December 2015 update**)
- Assist parents in providing medical care for their children by developing IHPs and Medicine forms on notification of their child's medical condition, and to undertake risk assessments for off-site activities.
- Educate staff and children in respect of providing support to children with medical conditions.
- The Deputy Head is to ensure that suitable training is arranged for staff as required to support pupils with medical conditions.
- Liaise as necessary with parents and medical services in support of the individual pupil.
- Provide emergency support to children in line with their IHPs and/or Medicine forms.
- Ensure that all children with medical conditions participate in all aspects of school life.
- Monitor and keep appropriate records.
- Provide information on school policies, plans, procedures and systems.

### **Entitlement**

The school accepts that pupils with medical conditions:

- should be assisted if at all possible and not be subject to **unacceptable practice** as detailed in section 43 of the Guidance<sup>1</sup>, and attached as **Appendix 6**;
- have a right to the full education available to other pupils;
- should be enabled to have full attendance – where absence is unavoidable, appropriate support is put in place;
- receive necessary proper care and support.

The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive training as appropriate and work to clear guidelines;
- bring to the attention of management any concern or matter relating to supporting pupils with medical conditions.

### **Expectations – Roles and Responsibilities**

- The governing body will ensure that the school's policy enables provision of effective support for medical conditions. It is to focus on the needs of individuals in ensuring that pupils and parents have confidence in the school's ability to provide effective support.
- The headteacher is to ensure that everyone in the school is aware of the policy and that they understand their role in its implementation. Parents are made aware of their responsibilities through the school website, newsletters and the school prospectus.
- Any member of school staff may be asked to provide support to pupils with medical conditions and develop healthcare plans.
- The school nurse is to notify school when a child is identified as having a medical condition and support school staff.
- Other healthcare professionals may also provide notification, support and advice.
- Pupils are to provide information and be part of discussions about their medical support needs.
- Parents should provide school with sufficient and up-to-date information about their child's medical needs.

### **Notes on medications:**

Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative. Parents are responsible for advising or training staff on the administration of prescription medication (in line with the printed advice that accompanies the medication). Staff will receive professional training where this is required.

Where parents have asked the school to administer the medication for their child they must complete a school Medicine form and a 'Record of Medicine Administered to a Child' form (Appendix 1) and refer to the associated guidance notes. This ensures that the school is able to comply with the requirement to keep adequate records. School will only administer essential medication to a child where it would be detrimental to their health not to

do so during the school day. Medicines must be properly presented by parents through the school office and in accordance with the notes on the reverse of the Medicine form.

School staff will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately. Medications are to be stored appropriately in line with the Guidance<sup>1</sup>. Pupils must have easy and appropriate access to their medications at all times (including school trips, PE and sporting events, school transport and before and after school clubs).

School must not create any unnecessary barriers to prevent children participating in any aspect of school life. Staff must allow pupils themselves to manage their medical condition effectively in line with their IHPs and/or Medication form.

### **Summary**

- The head teacher remains responsible for the overall implementation of the policy.
- The governing body will review compliance with the policy annually.
- The school will keep proper documentation at all stages when considering the issue of support for pupils with medical conditions in school. Copies of all documentation to be available in the school Staffroom.
- Any complaints are to be made in writing to the headteacher and will be dealt with in accordance with the school's complaints procedure.

Signed:

(Headteacher)

Signed:

(Chair Governing Body)

### **Key roles and responsibilities**

#### **The Local Authority (LA) is responsible for:**

1. Promoting co-operation between relevant partners regarding supporting pupils with medical

conditions.

2. Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
3. Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

**The Governing Body of Burwell Primary School is responsible for:**

1. Ensuring arrangements are in place to support pupils with medical conditions.
2. Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
3. Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
4. Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
5. Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
6. Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
7. Ensuring written records are kept of, any and all, medicines administered to pupils.
8. Ensuring the policy sets out procedures in place for emergency situations.
9. Ensuring the level of insurance in place reflects the level of risk.
10. Handling complaints regarding this policy as outlined in the school's Complaints Policy.

**The Headteacher is responsible for:**

1. Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
2. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Burwell Primary School.
3. Liaising with healthcare professionals regarding the training required for staff.
4. Identifying staff who need to be aware of a child's medical condition.
5. In conjunction with Deputy and / or SENCO Developing Individual Healthcare Plans (IHPs).
6. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
7. If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
8. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
9. Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
10. Ensuring confidentiality and data protection
11. Assigning appropriate accommodation, resources for medical treatment/ care

**Staff members are responsible for:**

1. Taking appropriate steps to support children with medical conditions and familiarizing themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
2. Knowing where controlled drugs (if any in school) are stored and where the key is held.
3. Taking account of the needs of pupils with medical conditions in lessons.
4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
5. Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

**School nurses are responsible for:**

1. Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
2. Notifying the school when a child has been identified as requiring support in school due to a medical

- condition at any time in their school career.
3. Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
  4. Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

**Parents and carers are responsible for:**

1. Keeping the school informed about any new medical condition or changes to their child/children's health.
2. Participating in the development and regular reviews of their child's IHP.
3. Completing a parental consent form to administer medicine or treatment before bringing medication into school.
4. Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
5. Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

**Pupils are responsible for:**

1. Providing information on how their medical condition affects them.
2. Contributing to their IHP
3. Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

**Training of staff**

1. Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
2. The clinical lead for each training area/session will be named on each IHP.
3. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
4. Deputy will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC.

**Medical conditions register /list**

1. Schools admissions forms request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
2. A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff.(Deputy) Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.
3. Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
4. For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

**Individual Healthcare Plans (IHPs)**

1. Where necessary (Headteachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
2. b) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage
3. such as Intranet or locked file is more appropriate. P.S. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.
4. IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
5. Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
6. Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the

support the child needs to reintegrate.

### **Transport arrangements (where relevant if child is transported to or from school)**

1. Where a pupil with an IHP is allocated school transport the school should invite a member of DCC Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.
2. For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
3. When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
4. Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

### **Education Health Needs (EHN) referrals**

1. All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
2. In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

### **Medicines**

- Where possible, unless advised it would be detrimental to health, medicines should be **prescribed** in frequencies that allow the pupil to take them outside of school hours, this includes those prescribed three times a day – before school, after school and bedtime. The school will not administer non-prescription / over-the-counter medications.
- If this is not possible i.e. medicine **prescribed** four times a day, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.
- No child will be given any prescription medicines without written parental consent except in exceptional circumstances.
- Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- 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. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- Prescription Medications will be stored in the First Aid Room If they require refrigeration. If medication is required to be easily accessible (i.e. inhalers) they will be kept in the **Green Medicines box** – accessible in each classroom.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- Emergency salbutamol inhaler kits may be kept voluntarily by school
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room
- Burwell Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

## Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures (**Appendix 4**) which will be communicated to all relevant staff so they are aware of signs and symptoms.
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## Day trips, residential visits and sporting activities

- Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.
- Burwell School uses the on-line **Evolve** system to manage risk assessments for school trips, including assessments of medical need.

## Avoiding unacceptable practice

*Each case will be judged individually but in general the following is not considered acceptable.*

The following behaviour is unacceptable in Burwell Primary School:

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
- c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- d) Sending pupils home frequently or preventing them from taking part in activities at school
- e) Sending the pupil to the school office alone or with an unsuitable escort if they become ill.
- f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

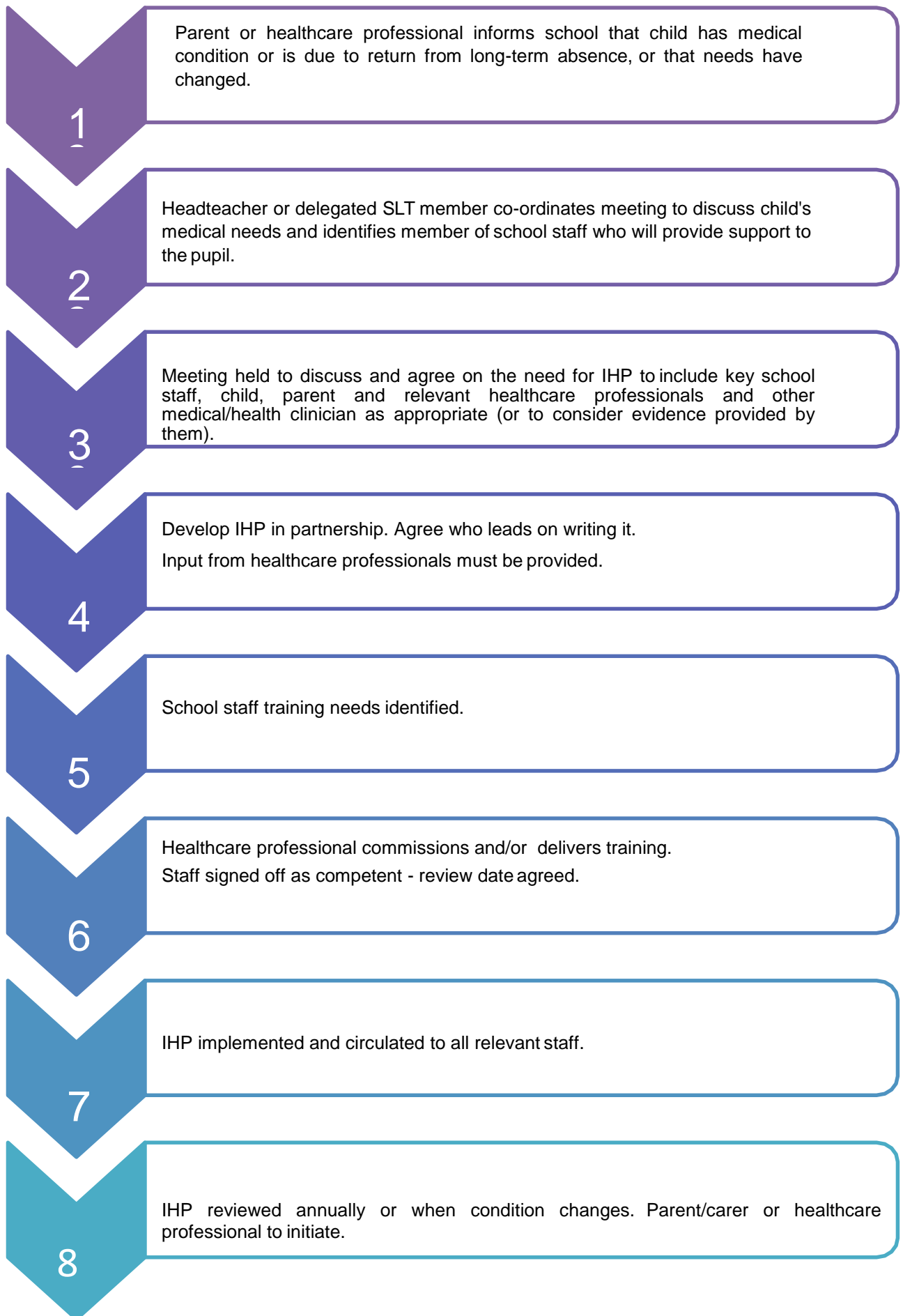
## Complaints

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

## Definitions

- a) **'Parent(s)'** is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have **parental responsibility** for, or who have care of, a pupil.
- b) **'Medical condition'** for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered.*
- c) **'Medication'** is defined as any **prescribed** or over the counter treatment.
- d) **'Prescription medication'** is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- e) A **'staff member'** is defined as any member of staff employed at *Burwell Primary School*

## Supporting Pupils with Medical Conditions





**Appendix 1**

Burwell Village College Primary

**PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

(Taken from Department of Education, Managing Medicines in Schools, 7 January 2013)

| DETAILS OF PUPIL ( <i>Capitals please</i> )   |  |                  |               |                  |              |
|---|--|------------------|---------------|------------------|--------------|
| Name  |  | M/F              | Date of Birth |                  | class/ form: |
| Condition or illness ( <i>eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc</i> ): |  |                  |               |                  |              |
| DOCTOR'S DETAILS  |  |                  |               |                  |              |
| Doctor's Name   |  | Medical Practice |               | Telephone Number |              |

| MEDICATION AND ADMINISTRATION  |     |    |  |
|--|-----|----|--|
| Name of medication ( <i>give full details given on the container label issued by the pharmacist</i> )      |     |    |  |
| Strength of medication:  |     |    |  |
| Expiry date:   |     |    |  |
| Type of Medication ( <i>eg tablets, mixture, inhaler, EpiPen, other</i> )                                  |     |    |  |
| Dosage and method( <i>how much to give</i> )   |     |    |  |
| When to be given ( <i>times</i> )  |     |    |  |
| For how long will your child need to take this medication?   |     |    |  |
| The medication needs to be administered by a member of staff   | Yes | No |  |
| My child is capable of administering the medication him/herself under the supervision of a member of staff | Yes | No |  |
| My child is capable of administering the medication him/herself without supervision                        | Yes | No |  |
| The medication needs to be readily accessible in case of emergency   | Yes | No |  |
| ADDITIONAL INFORMATION   |     |    |  |
| Precautions or Side Effects:   |     |    |  |
| What to do in an emergency:  |     |    |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped. I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

**Signed: Parent/Carer:**

**Date:**

Accepted / Declined

Signed (HeadTeacher)

**Appendix 1 On reverse of parental request form:  
Managing Medicines in Schools & Early Years Settings:**

1. The school will consider each request on its merits. Where it is practicable the school may well ask parents to come into school at appropriate times to administer non-prescription medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
3. The school will not agree to administer any medication in school without a completed written request using this form, having first been made.
4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (Even for prescription medication if it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).
5. All requests will need to be discussed fully with the head teacher or other authorised member of staff (Deputy) before any medicines are sent into school.
6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.
7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year. In these cases an Individual Health Care Plan needs to be completed with guidance from the GP or hospital.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.
10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctors note to support/confirm the information given on the request form.
13. You may find it necessary to seek your Doctor's / Pharmacists help in completing this form.
14. Asthmas inhalers are usually kept in the pupil's classroom and if severe a second named inhaler should be kept in the medical room.



Appendix 2  
**Individual Healthcare Plan**

| Name   | D.O.B. | Age                                 | Class |
|--|--------|-------------------------------------|-------|
| SEN Yes / No – details:  |        |                                     |       |
| <b>Medical Condition</b><br><br>Triggers:<br>Symptoms:<br>Treatment:<br><br>Protocol from Hospital / GP: <b><u>ATTACH and place copy on staffroom noticeboard</u></b><br><br>Review date:                  |        |                                     |       |
| <b>Who in school needs to be aware</b> (eg class teacher / TA / lunchtime / after school clubs)  |        |                                     |       |
| <b>Implications for School</b><br><br>What needs to be done:<br>By whom:<br>When:  |        |                                     |       |
| <b>Staff support required</b> (educational, social, emotional & medical needs)   |        |                                     |       |
| <b>Other comments</b><br><br><b>What to do in an emergency</b><br><br>Parents name & contact numbers:  |        |                                     |       |
| Signed by staff member:<br>Name:<br>Date:  |        | Signed by parent:<br>Name:<br>Date: |       |
| <b>School use:</b><br>I.H.P placed on staffroom notice board<br>Current Photo placed on I.H.P. in staffroom<br>Are the following people aware? SENCO / Class teacher / Teaching Assistants / Deputy / Head |        |                                     |       |

**Burwell Village College Primary School**  
**Pupil Medical Information:**

|   |       |                               |      |
|---|-------|-------------------------------|------|
| <p><i>(photo)</i></p>                   |       |                               |      |
| <b>Name of Child:</b>                   |       |                               |      |
| <b>Date of Birth:</b>                   |       |                               |      |
| <b>Year &amp; Class &amp; Teacher:</b>  |       |                               |      |
| <b>Medical condition:</b>               |       |                               |      |
| <b>Medication and location:</b>         |       |                               |      |
| <b>Individual Healthcare Plan (IHP)</b> | Y / N | <b>Date Care Plan expires</b> |      |
| <b>Staff with training</b>              | Name  |                               | Role |
| <b>Parents contact number:</b>          |       |                               |      |
| <b>Other:</b>                           |       |                               |      |

### Appendix 3

#### Burwell Village College Primary School

#### PASTORAL SUPPORT PLAN

| Name | Form                  | Gender | Ethnic Origin          | DOB | SEN Support        | Review Date |
|------|-----------------------|--------|------------------------|-----|--------------------|-------------|
|      |                       |        |                        |     |                    |             |
|      | <b>PSP Time Limit</b> |        | <b>Co-ordinated By</b> |     | <b>Date of PSP</b> |             |
|      |                       |        |                        |     |                    |             |

| Student Profile  |                                       |
|------------------|---------------------------------------|
| <b>Strengths</b> | <b>Weaknesses/Areas of Difficulty</b> |
|                  |                                       |

| Student Commitment | Parental Commitment |
|--------------------|---------------------|
|                    |                     |
| Signed.....        | Signed.....         |

| School Support and Strategies | Support from Outside Agencies |
|-------------------------------|-------------------------------|
|                               |                               |
| Signed.....                   | Signed.....                   |

| Student Targets | Achievement Target | Strategies to Achieve Target | Date |
|-----------------|--------------------|------------------------------|------|
|                 |                    |                              |      |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

| <b>Agreed Rewards</b> | <b>Agreed Sanctions</b> |
|-----------------------|-------------------------|
|                       |                         |

## Appendix 4: Guidance to staff – Dealing with Accident, injury or Illness

### Burwell Village College Primary

#### Guidelines For Dealing With Accident, injury or Illness

##### Accident/Injury

Some examples of a serious incident are:-

Suspected broken limbs, falling from a height, head injury (including to nose and teeth), sickness after head injury, a serious bleed, unconsciousness, difficulty breathing, asthma attack, anaphylactic shock,

1. Assess the situation
  - if in doubt – DO NOT MOVE & stay with child
  - is First Aid necessary?
  - Is there an immediate need for help – use **red card** system to summon help / seek assistance of first aider
  - If required call to office to immediately dial 999
  - reassure child / adult
  - make the immediate environment safe/take steps to prevent further accident.
2. Summon a **fully qualified** First Aider who will: -
  - a. Administer appropriate First Aid
  - b. decide whether
    - **immediate medical treatment is required**: Contact **office** who will call 999 as below.
    - **parents need to take child for medical treatment** at hospital, GP surgery or dentist: Contact **office** who will call parents as below.
    - **can be treated by First Aider in school.** 1<sup>st</sup> Aid slip  
is completed and class teacher must be informed especially if head injury. Teacher must speak to parents at end of day or sends note home via child. If the child has a head injury then it is always advisable to phone parents to make them aware and give them the option to collect.
  - c. The First Aider should always seek the opinion of another fully qualified first aider if they are unsure.
  - d. Keep the office updated with any changes to the patient.
  - e. Record anything that will aid the medics with their treatment when they arrive (second person may be asked to do this)

#### 4. **Office will**

If required **call 999** and relay information to the Ambulance service and then continue to liaise with First Aiders.

- a. Head or Deputy **must** be informed so they can support the situation.
- b. Then **contact parents** and let them know what has happened in a calm and reassuring manner and request that they attend school.
- c. Office staff or caretaker to await arrival of ambulance and take them to the injured person.

If it is felt that the parents need to take the child for treatment then the office will call parents and let them know what has happened in a calm and reassuring manner and request that they take their child for treatment. Head or Deputy must be informed.

5. First Aider will meet parents / medics so they can explain the injury and any first aid. **Parents must be reminded that if they seek any medical GP, dentist A&E then they must inform school so that the relevant 1<sup>st</sup> Aid / Accident log can be completed.**
6. If the school has had to call an ambulance or the parent has taken the child to the GP, A+E or dentist **all witnesses and first aiders who dealt with the incident must complete the online Incident Form (available in the office) which is then reported to the Health & Safety department of the Local Authority and then possibly to the HSE.**
7. After the event the first aiders might need time to recover from the situation or debrief with the Head / Deputy.
- 8.
9. **Later the same day:** If a child has needed treatment from ambulance, hospital, GP, dentist then it is good practice for the First Aider and Class Teacher to decide who will call or speak to parents (that or following day) to enquire after well being of child.
10. **Next Day:** First Aider must check completion of records and ensure that all relevant parties have been informed.

##### Illness

Sickness, vomiting, diarrhoea, flu, hayfever,

1. Assess the situation & reassure the child / adult
  - Can the child continue to operate in the classroom?
  - Do they need to go to a quiet place?
  - Is immediate First Aid needed?
  - If yes then follow 1<sup>st</sup> Aid procedures
3. Call designated member of staff (Class Teacher) who will: -
  - check history of child's ailment, information from parents etc
  - decide whether child needs to go home
  - ask the office to contact parents. It is vital that the TA or Teacher will ask / phone / send note to Office and not send child down on their own. The main office must be the single point of contact to and from the school.
2. make child comfortable for duration of wait in school – either in class or outside front office. If the child is too sick to remain in the class they can wait outside the main office. If the child is waiting outside the main office it is important that the class TA or First Aider remains with them.
3. Child must be signed out of school by an adult following the agreed procedure..



**Appendix 5: Guidance to staff – Guidance for pupil medical conditions & administering pupil medication**

**Guidance for all staff: Pupil Medical Conditions:** Please take note of the following:

**Photos of children** and an outline of their medical conditions are posted in the staffroom. It is **your responsibility** to familiarise yourself with these children.

- All those on the list have a medical need including asthma
- those highlighted in **red** have significant medical needs
- those highlighted in **bright red** have critical medical needs with emergency medication (epi pen, diabetes etc).
- those highlighted in **blue** are children with Autism or behaviour / emotional needs who often need particular support.

First Aiders should wear Personal Protective Equipment (PPE) especially **disposable gloves** when dealing with bodily fluids.

All wipes and dressings and bodily fluids etc must be disposed of correctly in the **Yellow** bag.

**Ask open questions**

**Where does it hurt? Tell me how you feel? Describe how you feel? Does it hurt anywhere else?**

Rather than suggestive or leading questions such as Do you feel sick? Do you feel dizzy? Does it hurt here?

Even if a child has a grazed knee and you think the location of the injury looks obvious the child might point to their head and indicate that this is where it hurts most. Do not make assumptions. You need to find out where it hurts rather than just treating the obvious.

They will indicate where it hurts and will tell you how they feel. This ensures that we do not put undue thoughts in to their heads.

Never alarm pupils by suggesting what it might be or what the potential consequences are. That is for us to know and deal with accordingly. The pupil needs to know that “If there are any changes” or “If you feel different” then they must tell an adult and not wait until they get home.

**If in doubt**

- seek a second opinion from another fully qualified First Aider.
- get the office to contact parents.

The table below contains advice that members of staff can refer to when **administering medicines** to pupils in school. It is based on the Department for Education’s statutory guidance on supporting pupils at school with medical conditions.

| Do   | Do not  |
|--|---|
| <p>✓ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so</p>   | <p>✗ Give prescription medicines or undertake healthcare procedures without appropriate training</p>  |
| <p>✓ Check the maximum dosage and when the previous dosage was taken before administering medicine</p>   | <p>✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions</p>  |
| <p>✓ Keep a record of all medicines administered to individual children. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it</p> | <p>✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances</p>                         |
| <p>✓ Inform parents if their child has received medicine or been unwell at school</p>  | <p>✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor</p>   |
| <p>✓ Store medicine safely</p>   | <p>✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers</p>   |
| <p>✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately</p>  | <p>✗ Force a child to take his or her medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform his or her parents</p> |

## Appendix 6

Unacceptable practice (as detailed in section 43 of the Guidance) Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff 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:

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