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## Children with Medical Conditions Policy, including the Administering of Medicines and First Aid Policy 2022-2023

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(Part of the Pastoral Policies)

Member of Staff Responsible	Mrs R Evans
Position	SENCo / Deputy Headteacher
Dated	September 2022
Date of next review	September 2023

### Supporting pupils with medical conditions policy

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 school's medical conditions policy is drawn up in consultation with local key stakeholders within both the school and health settings.

- Stakeholders include parents, pupils, school nurse, school staff, governors, the school employer and relevant local health services.

**This policy is underwritten by our school core Christian value of 'Love' and forms an integral part of all our approaches to everything we do in school.**

### **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 on a course of medication.

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

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have 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 conditions. The governing body of Thurnham C of E Infant School fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that

pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;

- 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;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- 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);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- 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);
- 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);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);

### **Policy implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing Body. The governing body have conferred the following functions of the implementation of this policy to the staff below; however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to **Mrs Elizabeth Pateman (Head Teacher)**. She 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.

**Mrs Rebecca Evans (Deputy Head Teacher/ SENCO)** will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

She will also 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 staffs are aware of these plans. Updating the class medical and dietary information sheets – stored in the class folders/ kitchen and master in the school office.

**Mrs Catherine Chaudry (KS1 Leader ) and Miss Suzanna Chastney ( EYFS leader)** are responsible for preparing risk assessments for school visits and other school activities outside of the normal timetable.

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 for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In cases other cases, such as a new diagnosis or a child moving to Thurnham C of E Infant School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

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 support actively 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 such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Thurnham C of E Infant 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, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by **Mrs Rebecca Evans ( Deputy Head Teacher/ SENCo)**, and following these discussion an individual healthcare plan will written in conjunction with the parent/carers, and be put in place.

### **Individual healthcare plans**

Individual healthcare plans will help to ensure that Thurnham C of E Infant 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, MRs Elizabeth Pateman, 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.

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 SENS but does not have a statement of EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Thurnham C of E Infant 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.

Thurnham C of E Infant 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 Thurnham C of E Infant 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.

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

- The medical condition, its triggers, signs, symptoms and treatments;
- 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;
- 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;
- 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;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carers and the Headteacher Mrs Elizabeth Pateman, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- 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;

- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- 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

## **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 Thurnham C of E Infant School

In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

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. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy)

**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. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**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 is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. 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.

**Clinical commissioning groups (CCGs)** commission other 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 CCGs 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**

### **First Aid for Schools Course (Teachers)**

(Expires May 24)

CHRIS JAMES  
ELIZABETH PATEMAN  
LYDIA MURRAY  
SUZANNA CHASTNEY  
XAVIERA BODKIN  
CATHY CHAUDRY  
REBECCA EVANS  
JANE SPENCER  
SHIVANI VADHIA

### **Basic First Aid Training (MDS):**

(Expires May 23)

KERRY BROOKER  
NICOLA HART  
CARA BARNES  
CLAIRE LEE  
EMMA COLLINS  
STELLA SIMMONS  
TERESA FOREMAN  
MARY-ANN NATHAN



KIRAN SARDAR  
GEORGINA SOLOMON  
LYNSEY BARDEN  
CAROLINE EMSLEY

**Auto Injector / Anaphylaxis Training:**

(5<sup>th</sup> October from Diabetes Nurse) – Liz Pateman

There are first aid boxes in all classrooms and each outside area.

The following teaching staff have received extensive in depth First Aid training:

School First Aiders At Work (full certificate) are:

Joanne Pearce (expires Nov 24)  
Lorraine Ayling (expires Nov 24)  
Natalie Saunders (expires Sept 23)

Paediatric First Aiders (full certificate):

Suzanna Chastney (expires Nov 22)  
Helen Skinner (expires Nov 22)  
Andrea Charlton (expires Nov 22)  
Cathy Chaudry (expires Dec 23)  
Rebecca Evans (expires Nov 24)  
DeboRah Butcher (expires Nov 24)

**The following staff have received Specific/specialist training:**

Mrs H Skinner – an awareness of looking after a child with type 1 diabetes (September 2019 – Jenny Endene Diabetes Nurse)

Mrs C Chaudry and Mrs M Pinto – an awareness of looking after a child with type 1 diabetes (January 2019 – Jenny Endene Diabetes Nurse)

Mrs K Brooker and Mrs D Butcher – training on several occasions 2019/2020- Jenny Endene and Maxine Diabetes Nurses

**Template E** will be used to record staff training for administration of medicines and /or medical procedures.

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 themselves 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 (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Mrs E Pateman, 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 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 Thurnham C of E Infant School the following procedures are to be followed:

- Thurnham C of E Infant School will only accept prescribed medicines, that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Clearly labelled with the child's name. 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;
  
- Parents will complete the forms when they bring the medication to the school office:

**B - Individual Healthcare Plan (B) –  
Parental Agreement for Administering Medicine**

**C - Individual Healthcare Plan (C) –  
Record of Medicine Administered to an  
Individual Child**

## **D – Whole school record of medicines administered – master sheet**

- These are kept in a folder in the school office next to the medicines.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Thurnham C of E Infant 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;
- Form B and C are kept together so the correct dosage and timings can be adhered to. Form D is at the front of the folder.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. At the end of the School Year the medicine and form C is returned to the parent. The parent signs the form to show the medicine has been returned to them. Form D is kept for the school records.
- Sharps bins will be used for the disposal of needles – safety needles must always be used.
- Gloves must be worn when using needles or working with blood- all gloves go into the blood bin.
- Parents may be permitted to come into school during school hours to administer a single dose of analgesic and/or antipyretic medicine such as paracetamol or ibuprofen if they feel it is necessary.
  - All medicines will be stored safely in the school office. Children should know where their medicines are at all times and be able to access them immediately. Medicines are stored in the cupboard in the office with the relevant paperwork.
  - Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always be readily available. Adrenaline pens are kept in the child's classroom and school office. See forms on administering
  - During school trips the class teacher will carry all medical devices and medicines required for children in their class. Class information sheets will be taken from the class folder whenever the children are on a visit. If medicine is administered record on this sheet and then transfer the information on return to school.

### **Emergency procedures**

Mrs Elizabeth Pateman, 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 GP 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. Parents' must be involved in the planning of the care of children with medical needs.

The class information sheet will be taken on all visits/trips

### **If A Child's Medical Need Prevents Them From Attending School Temporarily Or For An Extended Period**

Where children have complex or long-term health issues, the pattern of illness can be unpredictable. The school will discuss the child's needs and how these may best be met with the school, the relevant clinician and the parents, and where appropriate with the child. That may be through individual support or by them remaining at school and being supported back into school after each absence. How long the child is likely to be out of school will be important in deciding this. The school will make provision available as soon as the child is able to benefit from it.

Where a child has been in hospital for a longer period and returns home, if appropriate, the school through or in conjunction with the Local Authority, will aim to provide education at home or otherwise as quickly as possible. The child's education may well have been disrupted by their time in hospital, so further discontinuity should be avoided if at all possible.

We will always consult parents before teaching begins. Parents have an important role to play, whether their child is at home or in hospital. Parents and carers can provide useful information that can inform the teaching approach. In the case of a looked after child, the LA is responsible for safeguarding the child's welfare and education. Both the LA and primary carers (foster carers or residential social workers) would fulfil the parental role here and should be engaged. Children should also be involved in decisions from the start, with the ways in which they are engaged reflecting their age and maturity. This will help ensure that the right provision is offered and encourage the child's commitment to it.

In all cases, effective collaboration between all relevant services (LAs, CAMHS, NHS, schools and, where relevant, school nurses) is essential to delivering effective education for children with additional health needs. This applies whether the child is in hospital or at home. When a child is in hospital, liaison between hospital teaching staff, the LA's alternative provision/home tuition service and the child's school can ensure continuity of provision and consistency of curriculum. It can ensure that the school can make information available about the curriculum and work the child may miss, helping the child to keep up, rather than having to catch up.

When reintegration into school is anticipated, LAs should work with the school (and hospital school) to plan for consistent provision during and after the period of education outside school. As far as possible, the child should be able to access the curriculum and materials that he or she would have used in school. The LA should work with schools to ensure that children can successfully remain in touch with their school while they are away. This could be through school newsletters, emails, invitations to school events or internet links to lessons from their school.

LAs should work with schools to set up an individually tailored reintegration plan for each child. This may have to include extra support to help fill any gaps arising from the child's absence. It may be appropriate to involve the school nurse at this stage as they may be able to offer valuable advice. The school nurse will also want to be aware that the child is returning to school, so that they can be prepared to offer any appropriate support. Under equalities legislation, schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child.

Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. While most children will want to return to their previous school routine at once, some will need gradual reintegration over a longer period.

### **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.

Thurnham C of E Infant School has two defibrillators which are kept by the Office door in the Entrance Hall and in the Early Years Unit. All the Teaching Staff who attended the training on 04/09/2017 had refresher training in May 2021 on how to use it.

The Governing Body are considering whether to hold asthma inhalers, auto injectors and antihistamine on site for emergency use.

### **Unacceptable practice**

Although staff at Thurnham C of E Infant 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:

- 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/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- 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
- 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.

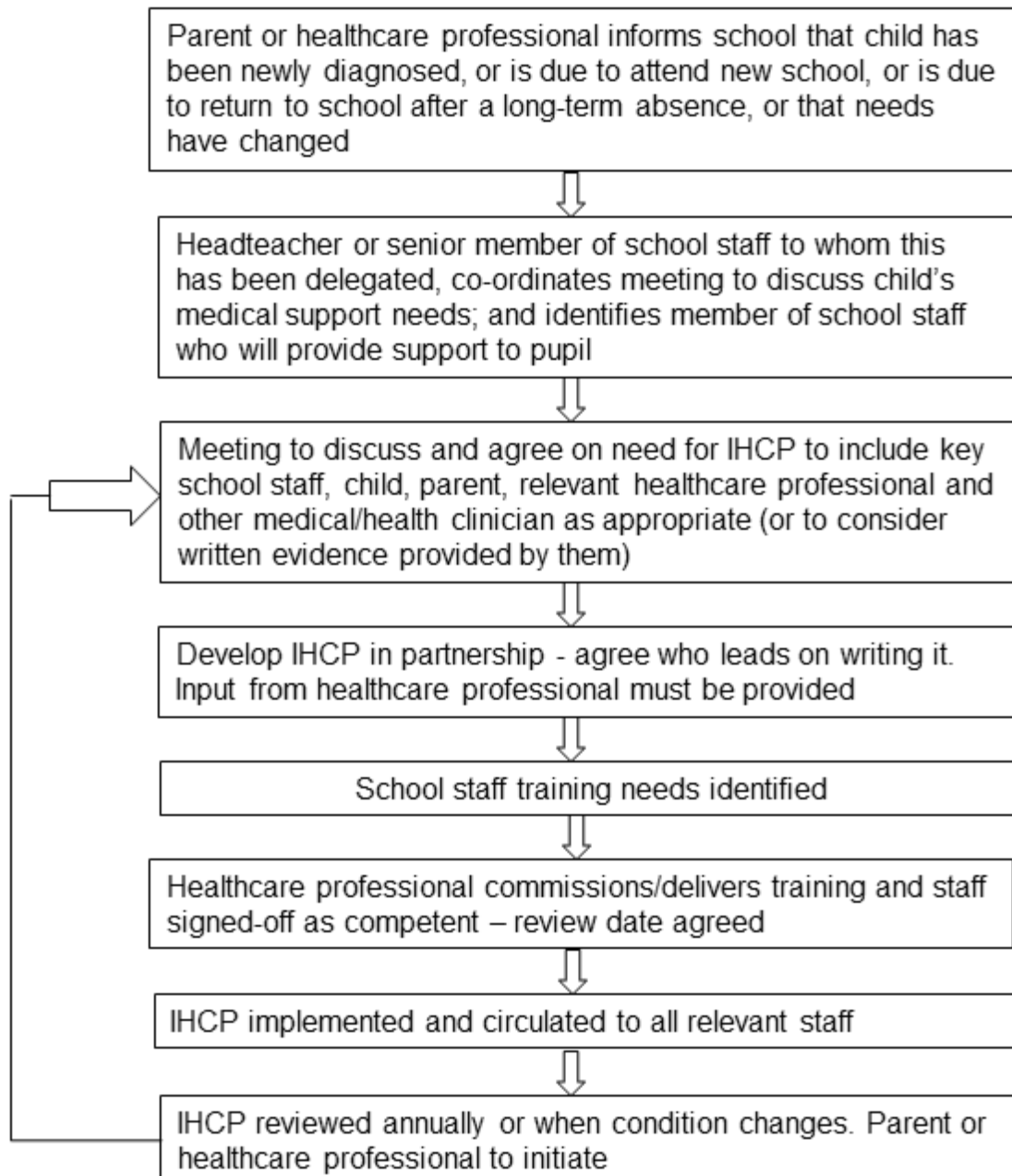
### **Liability and indemnity**

We use and are covered by Kent County Council's Safe Hands Insurance Scheme.

### **Complaints**

Should parents\carers be unhappy with any aspect of their child's care at Thurnham C of E Infant 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 leadership team, 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 Thurnham C of E Infant School Complaints Procedure.

## Annex A: Model process for developing individual healthcare plans



## Template A: 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

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Individual Healthcare Plan (B) – Parental Agreement for Administering Medicine

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

Name of school/setting			
Name of child			
Group/class/form	Year:		
	Reg:		
Date of birth			

Medical condition or diagnosis	Summary	Notes

Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

Family Contact Information	
Name	
Daytime telephone no.	
Relationship to child	
Address	
<i>I understand that I must deliver the medicine personally to</i>	

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

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

## Individual Healthcare Plan (C) – Record of Medicine Administered to an Individual Child

<b>Name of school/setting</b>	
<b>Child's name</b>	
Date medicine provided by parent	
Group/class/form	<i>Year:</i> <i>Reg:</i>
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

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

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

Date					
Time given					
Dose given					
Name of member of staff					
Staff initials					

Date					
Time given					
Dose given					
Name of member of staff					
Staff initials					

Date					
Time given					
Dose given					
Name of member of staff					
Staff initials					

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

## Template E: staff training record – administration of medicines and/or medical procedures

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


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

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

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

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_