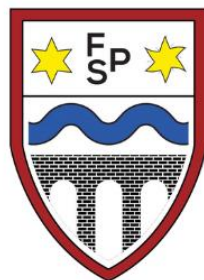




FENISCOWLES PRIMARY SCHOOL
'STRIVING FOR EXCELLENCE'



**FIRST AID &
MEDICAL POLICY**

Revisions

Policy Written by: Robyn Turner

Reviewed: November 2025

Next review date: November 2026

Aims

Inclusion Statement

This policy reflects the School's commitment to inclusion. We believe that all children should have access to an appropriate education that affords them the opportunity to help them achieve their personal potential.

The Children and Families Act 2014 and the DfE Statutory Guidance 'Supporting Pupils at School with Medical Conditions', issued in December 2015, places a duty on the school governing body to make arrangements for children with medical conditions.

Pupils with special medical needs have the same right of admission to school as other children and should have full access to education, including school trips and physical education.

At Feniscowles Primary School, we believe that parents and guardians have prime responsibility for their child's health and should provide the school with information about their child's medical condition. We acknowledge that many pupils at some time will have a medical condition that may affect their participation in school activities and that some children will have long-term medical conditions that, if not managed properly, could limit their access to education. We will endeavour to support these children with the management of such medical conditions during school hours.

Some children with medical conditions may be disabled and where this is the case the governing body must comply with the Equality Act 2010. Some pupils may have SEN and have an Education Health Care Plan (EHCP).

Objectives

This policy outlines the way in which the school aims will be met. The objectives of this policy and the practical aims of the school are

- to provide individualistic, appropriate support for all pupils with medical conditions.
- to make reasonable adjustments within the school to ensure pupils with medical conditions are included in daily activities, school trips and sporting events.
- to ensure staff and children are educated in respect of special medical needs.
- to arrange training for staff to support individual pupils.
- to set consistent rules in which medications will be allowed in school.
- to set out what is expected of staff in the handling, storing, administering and recording of medicines.
- to liaise as necessary with medical services in support of individual pupils.
- to effectively support pupils after absences due to frequent appointments or long-term absences.
- to monitor and keep appropriate records.

Legal and Policy Framework

This Policy is based on the following legislation and guidance:

Health and Safety (First-Aid) Regulations 1981 and associated HSE guidance on first aid in the workplace.

DfE “First aid in schools, early years and further education” (most recently updated 14 February 2022).

DfE “Supporting pupils at school with medical conditions” (last updated August 2017).

RIDDOR 2013 and HSE’s Incident reporting in schools (EDIS1).

Children and Families Act 2014 and DfE statutory guidance on supporting pupils with medical conditions.

Equality Act 2010

Expectations

It is expected that:

- Parents will have confidence in the support provided by school.
- There is a commitment that all relevant staff will be made aware of the child’s condition.
- procedures to be followed to support a pupil’s medical condition should be clearly set out in the child’s health care plan.
- Cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available to support the child.
- School seeks advice from healthcare professionals as well as listening to parents and the child.
- Individual Health Care Plans will be reviewed annually or earlier if the child’s needs change.
- No child should be put at risk.

Responsibilities

The Local Authority:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Working with schools in order to encourage pupils with medical conditions to attend full-time.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for 15 days or more due to a medical condition – see ‘children with health needs who cannot attend school’ policy.
- Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans (IHCP) can be delivered effectively.

The Governing Body:

- Ensuring a named person, Mr Rob Andrew, Headteacher, has responsibility for the overall implementation of the First Aid & Medical Policy and procedures at Feniscowles Primary School.

- Reviewing this policy on an annual basis, and ensuring it does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- Arranging appropriate cover in the event of staff absence or turnover to ensure someone is always available, and that supply staff are appropriately briefed.
- Ensuring that all relevant staff are made aware of pupils' individual conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions, are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Headteacher:

- The day-to-day implementation and management of the First Aid & Medical Policy and procedures of Feniscowles Primary School.
- Making any necessary changes to the policy, as discussed with the governing body upon review.
- the Headteacher has overall responsibility for the management of medication in school.
- the Headteacher is responsible for ensuring that sufficient staff are suitably trained.
- the Headteacher should ensure all staff are insured to support children with medical conditions.

The SENCO:

- Liaising with healthcare professionals regarding the training required for staff with the School Business Manager.
- Making the relevant members of staff aware of a child's medical condition.
- Developing IHCPs.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- Contacting the school nursing service in the case of any child who has a medical condition.

The School Business Manager:

- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Organising first-aid training.
- Carrying out appropriate risk assessments when making reasonable adjustments for pupils with medical conditions, to ensure the inclusion of pupils in activities.

Staff Members:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.

- The Class Teacher is responsible for ensuring adequate transition arrangements are in place and relevant information is exchanged.
- Class teachers supported by TA's will monitor Individual Health Care Plans.
- There is no legal duty which requires staff to administer or supervise the administration of medication; this is a voluntary role. However, where staff have agreed to do so, they must ensure this responsibility is upheld or notify the Head Teacher if they are unable to.
- Administering medication, if they have agreed and are qualified to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

School Nurse:

- Notifying the school when a child has been identified as requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.
- Supporting staff with implementing a child's IHCP, where necessary.
- specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

Parents and Carers:

- 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.
- It is the parents' duty to inform school immediately if a diagnosis is made for their child that would require an Individual Health Care Plan or the long term administration of medication in school.
- Parents should provide the school with sufficient and up-to-date information about their child's medical needs.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- The parent/carer is responsible for ensuring that their child's medication does not expire – school will not administer medication that has exceeded its expiry date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.

Pupils:

- Providing necessary information about how their medical condition affects them.
- Being actively involved in discussions about their medical support.
- Contributing to the development of, and complying with, their IHCP.
- Being sensitive to any other pupils with medical conditions.

Staff Training and Support

New members of staff will receive training on the First Aid & Medical Policy as part of their induction process. Once staff have read and understood the policies and procedures they will sign the 'Administering Medicine – Staff Consent' form (see Appendix 7). Supply teachers will be notified on arrival in school of any children with medical issues and procedures that are in place to support the child and keep them safe.

Where appropriate, any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of Individual Health Care Plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions, where possible will be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date. The SENCO is the lead for all medical related training.

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 as set out in Individual Health Care 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 health care 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.

Whole school staff training will be arranged for some conditions such as anaphylaxis, diabetes, asthma. This will usually be provided by the school nurse, specialist nurse or complex needs nurse. No staff member may administer drugs by injection unless they have received training in this responsibility.

The School Business Manager will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

The Role of the Child

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures, following a discussion with their parents/carers. Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.

If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored. Where appropriate, pupils will be encouraged to take their own medication under the supervision of relevant staff.

Individual Health Care Plans

Individual Health Care Plans can help to ensure that school effectively support pupils with medical conditions. They 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher

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 Appendix 5. The SENCO will be the coordination lead for IHCP's.

The format of individual healthcare plans may vary to enable school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality (office emergency record and classroom file). Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively.

The level of detail within plans 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 a statement or Educational Health Care Plan their special educational needs should be mentioned in their individual healthcare plan.

Individual Health Care Plans should be drawn up in partnership between the school, parents, 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 a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The School Nurse will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. See Appendix 6 regards the contents of healthcare plan.

Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate. The school will develop transport health care plans for pupils with life threatening conditions, which effectively manages home-to-school transport for the pupil.

All medical information will be handled in line with the UK GDPR and Data Protection Act 2018, and with the school's Data Protection Policy. Access to IHCPs and medical records is restricted to those staff who need it to fulfil their duties.

Managing Medicines on School Premises

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Staff will not administer medication that has not been prescribed.

Staff who assist with any form of medication in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. Indemnity will not be given in cases of fraud, dishonesty or criminal offence. This section of the policy refers only to medication.

At Feniscowles Primary School children are not permitted to carry their own medication (with the exception of emergency medicines such as Asthma inhalers, Epipens and insulin). Systems and

procedures laid out in this policy regarding administering and storage of medication must be followed for all children and all medication.

Medication Received by School

- All medication must be in the original container and prescribed by a health practitioner.
- School will only accept medication that is in date, clearly labelled by the doctor/pharmacist with the child's name, correct dosage and storage instructions. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- No child under 16 will be given prescription medicines without their parent's written consent.
- Parents should give antibiotics at home. Parents should ask the doctor if it is possible for the medicine to be prescribed in doses of three times daily rather than four times. If this is not possible and it is necessary for a child to complete a course of antibiotics at school, then parents should come into school and arrange for staff to administer medicine in agreement with the Headteacher/Deputy. In this case, school's 'Request for Administration of Medication' form (See Appendix 1) must be completed.
- A member of the Senior Leadership Team will authorise and sign the 'Record of Administration of Medication' form before medication is administered (See Appendix 2).
- On arrival at school all medication is to be handed to the designated member of staff (to the Office in the juniors and to the class teacher in the infants) by the parent. All medication will be stored safely in the offices of each building. Inhalers, Epipens and Insulin will be stored in individual classrooms.

Administration & Supervising the Administration of Medication

- Pupils will be informed of where they can access their medication. Where relevant, pupils will know who holds the key to the storage facility. Pupils will never be prevented from accessing their medication.
- Staff who have volunteered or who are employed for the purpose of administration of medication and health care will receive training on administering medicine as part of their new starter induction and will receive regular ongoing training as part of their development.
- The 'Request for Administration of Medication' form and the 'Record of Administration of Medicine' form are to be kept with the medication.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
- Short Term medicines (less than 4 weeks) will be returned to the parent or relevant responsible adult at the end of each day.
- When Long Term medicines (more than 4 weeks) are no longer required, medicines will be returned to the parent to arrange for safe disposal.
- Sharps boxes will be used for the disposal of needles and other sharps. Sharps bins and clinical waste are collected and disposed of via an approved clinical waste contractor in line with local authority and NHS guidance.
- Medicines will never be left unattended.
- Feniscowles Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

Any member of staff giving medicine to a child should:

1. Have another member of staff with them to witness the administration of the medicine.
2. Check the child's name on the medicine container.
3. Check the prescribed dose stated on the 'Request for Administration of Medication' form and match this to the dose prescribed, ensuring that these match.
4. Check that the expiry date has not passed.
5. Comply with the written instructions provided by the prescriber on the label or 'Request for Administration of Medication' form (for example, to be taken with food).
6. If the information on the label or on the form is found to have an error or the expiry date has been reached, staff should telephone a parent/carer to explain this and that the medication is unable to be administered. Staff should make a recording of this on the 'Record of Administration' form.
7. Give the child the medication. Staff to help in the least way that they can whilst maintaining safety.
8. Check, as much as possible, that the full dose has been taken or swallowed.
9. Ensure that the medication is packaged up as appropriate and stored safely.
10. Complete the 'Record of Administration of Medicine' form and both members of staff sign to confirm that the medication has been given in accordance with the prescription and this policy. Any side effects of the medication administered at school should be noted.

Refusing Medicine

- If a child refuses to take medicine, staff should not force them to do so, but should note this on the 'Record of Administration' form.
- Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Self-Administration of Medication

Parents/carers must complete a 'Self-Administration of Medication' form for a child to self-administer medication (examples would include Insulin (Appendix 3) and/or asthma medication (see Asthma Policy – self administration consent is part of emergency inhaler consent form). This is not a conclusive list. This would only be allowed if a child has been trained and is competent to administer medication. Once consent has been provided and where appropriate, children would be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

Storage of Medicines

- Medicines that have been prescribed for a pupil will be securely stored in the allocated medicine cupboard, out of reach of children.
- Medicines will be stored in accordance with product instructions and in the original container in which dispensed.
- 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 which need to be kept in a refrigerator are kept in the lockable Medicine Fridges (there is one located in each building).

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This is particularly important to consider when off site e.g. on school trips.
- All asthma preparations and equipment are to be kept in the classroom readily available to the asthma sufferer and staff concerned at all times.
- Medication for the emergency treatment of e.g. anaphylactic shock, is kept in the child's classroom. They should be in a sealed container clearly labelled.
- For specific conditions, basic emergency details and a photograph of the child to be available in the staffroom and where relevant the kitchen/servery.

Controlled Drugs:

- Controlled drugs (as defined by the Misuse of Drugs Act) will be stored securely in a non-portable, locked cabinet, with access limited to named staff.
- A record will be kept of the quantity received, doses administered (including date, time, dose and staff signature) and the amount returned to parents.
- Pupils who are prescribed controlled drugs may legally have them in their possession if it is agreed that this is appropriate, but in most cases the school will look after the medication on their behalf.

Records

- Records will be kept of all children receiving medication. Parents will complete school's 'Request for Administration of Medication' form which gives written instructions on administration and also gives school permission to administer the medication. Long term medication will be administered as instructed by either the parents or school nurse/G.P/Consultant.
- 'Administration of Medication' forms will be completed to record what, how and how much medication was administered, when and by whom. Any side effects will also be noted.
- Individual Health Care Plans are kept in the office in the emergency contact file and a copy held in class.
- 'Request for Administration of Medication' form and 'Record of Administration of Medication' forms are to be kept with the medication and destroyed after 12 months from when the need for medication is over.
- The retention of accident reports for minor incidents is 3 years from the date of the accident. For accidents that are more significant and have been reported to the Local Authority or to RIDDOR records are retained until the child turns 21 years. See the Accidents, Incidents and Near Miss Policy for more details of record keeping.

Specific Health Related Issues

Asthma

See Feniscowles Primary School Asthma Policy. Also see <https://www.asthma.org.uk/>

Diabetes

See <https://www.diabetes.org.uk/>

Highly Infectious Diseases

As soon as the school becomes aware that a pupil or a member of staff is affected, the school will seek the advice of the Public Health Service and act upon it, keeping parents, staff and others informed as and when necessary.

Allergies

- Parents should inform school if their child has any allergies and the procedures laid out in this policy should be followed with regard to medication.
- Feniscowles is a 'Nut Free School'; a letter to parents with information about what this means is on the school website, under policies, and is included in the Parent Handbook.
- Where children have food allergies, all staff, including the kitchen staff will be given a list of the children involved and the allergies they have.
- Where children have an allergy which produces a violent allergic reaction – the school will liaise closely with the parents and the local health team. All procedures will be adhered to as set out in the Individual Health Care Plan.

Minor Contagious Ailments (e.g.; Head-lice, Scabies, Thread-Worm)

When school become aware that a child has symptoms of head-lice/scabies/thread-worm (this is not an exhaustive list), the teacher will ask the Office for an 'Alert' letter (see Appendix 4) and this will be sent out to all children in the class. The class teacher will inform the parents/relevant adult of the child, that they suspect their child has head-lice/scabies/thread-worm and encourage them to seek treatment as soon as possible from a pharmacist.

The school is not in a position to check or treat children's heads themselves nor to allow other parents to do so.

Medical Checks

These are carried out at regular intervals during the school year and at different ages. They are arranged by the school nurse or Community Healthcare Service and include eye tests and height and weight checks.

Should staff have concerns about an individual pupil they will talk to parents and make a referral to the School Nurse.

School Visits

School will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. There will be a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

- The school will meet its duties under the Equality Act 2010.
- Adequate supplies of medication (and instructions) for children with long term conditions should be taken. This includes inhalers. All staff on the visit should be aware of children requiring medication.
- For children requiring medicine during a school visit staff will follow the same procedures laid out in this policy.
- They only exception to the procedures laid out in this policy would be if a child requires travel sickness medication. This would not be prescribed by a doctor. However following a discussion with the Headteacher and parental consent school staff would administer travel sickness medication in exceptional circumstances (e.g.; returning from a residential trip).
- A list of emergency contact numbers should be taken, or contact details are available in the office.

- If there is a particular concern, an additional adult should accompany the visit in order to look after the child.

Emergency Procedures

In a medical emergency First Aid trained staff in school must be informed along with a member of the Senior Leadership Team.

Where an ambulance is needed, 999 should be called and parents informed immediately. Staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

If the child does not have an adult at school and the ambulance is ready to go to hospital, a member of staff will accompany a child in the ambulance and remain with them at hospital until an appropriate adult arrives. It is important that relevant information appertaining to the child is taken to hospital – this can be obtained from the school office. It may also be necessary to take the child's Health Care Plan.

At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual Health Care Plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

Feniscowles has two modern defibrillators one located in the reception area of the junior building and one in the reception area off the infant playground. The local NHS ambulance service are aware of their location. Anyone can use a defibrillator but some school staff have received training through on their First Aid course and/or specific defibrillator training.

Performing First Aid

- The School Business Manager will ensure that an annual risk assessment of first-aid needs is undertaken, appropriate to the circumstances of the school and the supporting of pupils with medical conditions.
- The School Business Manager (with the Headteacher) carries out a formal first-aid needs assessment annually and after significant changes.
- The school will ensure sufficient first aiders (including paediatric first aiders for EYFS) on site at all times, including clubs, wraparound care and off-site activities.
- The School Business Manager is responsible for organising first-aid training.
- The School Business Manager is the appointed person for first aid, responsible for day-to-day first-aid arrangements, equipment and liaison with first aiders and emergency services.
- All non-teaching staff are offered first-aid training and targeted teaching staff have the training (e.g. PE teacher).
- For EYFS pupils, the school ensures that at least one member of staff with a current 12-hour Paediatric First Aid certificate is on the premises and available at all times when children are present and accompanies them on outings.
- The school has first aid equipment, which can be found at the first aid stations in both buildings and in both offices. These locations contains a sufficient number of suitable

provisions to enable the administration of first-aid. In addition, each classroom has a basic first aid kit.

- All members of staff who undertake playtime/lunchtime duties have been provided with first aid supplies. A First Aid monitor is appointed to make half termly checks to keep the contents replenished and in date. However, day-to-day replenishment of supplies is the responsibility of the first aiders.
- First-aiders will be made aware of any pupils with medical conditions and treat them accordingly, should the need for first-aid arise.
- First aiders will give immediate help to casualties with common injuries and those arising from specific hazards or medical conditions at the school and ensure that an ambulance or other professional medical help is called where appropriate.
- In cases of general illness i.e. sickness or diarrhoea, pupils must be supervised and remain near a sink or toilets until parents have been notified and arrive for collection.
- First aiders to use appropriate PPE when performing first aid – all equipment available at first aid stations.
- The First-aider must complete the Accident Record on Smartlog and send the appropriate accident notification home via the Smartlog.
- Each school has a defibrillator as part of their first aid equipment, in order to effectively manage any incidents where a person may experience sudden cardiac arrest.
- The Headteacher will ensure that procedures are in place to report any major or fatal injuries without delay (e.g. by telephone), as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Other reportable injuries will be reported in no more than 10 days.

Unacceptable Practice

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 school office unaccompanied or with someone unsuitable;
- 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 or 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 school trips.

Staff with medical needs

- Employees are not obliged to disclose medical conditions or disabilities to their employer, however, it may be in the employee's best interest to disclose a medical condition where support may be required, for example if the employee has seizures.
- If the condition is unlikely to have any impact on other staff or children, the employee may decide against declaring it.
- Common sense would suggest that any condition that may put others in danger, such as HIV, should be declared, but that the Equality Act 2010 does not explicitly dictate this.
- Once a condition has been voluntarily disclosed, the Equality Act and Disability Act comes into effect and schools must make reasonable adjustments accordingly.
- Staff with medical needs should ensure the school is aware of their needs and what to do in an emergency and that any necessary medication is kept in school as needed.
- Medication (prescribed and over the counter) for personal use by members of staff must be kept in a locked cupboard (e.g.; handbags, etc., containing such items must be locked away and not be left in the classroom or any place where pupils could gain access to them).

Insurance

The Governing Body must ensure adequate insurance is taken to cover all staff supporting pupils with medical conditions. Feniscowles Primary School uses the Department for Education's Risk Protection Arrangement (RPA). The arrangements cover staff that provide support to pupils with specific medical conditions, provide liability cover for staff administering medication and administering first aid. Members of staff receive the appropriate training and that training is updated when necessary.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

This policy will be published on the school website.



Feniscowles Primary School
Request for Administration of Medication

APPENDIX 1

The school will not give your child medicine unless you complete and sign this form, and a member of the Senior Leadership Team has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Full Name _____

Address _____ M/F _____

_____ Date of Birth _____

_____ Year/Class _____

Condition or Illness _____

MEDICATION

Name/Type of Medication (as described on the container) _____

For how long will your child take this medication _____

Date dispensed _____

Directions for use

Dosage and method _____

Timing _____

Special Precautions _____

Side Effects _____

Self-Administration _____

Procedures to take in an Emergency _____

CONTACT DETAILS

Name _____ Daytime Telephone No _____

Relationship to Pupil _____

I understand that I must deliver the medicine personally to a member of staff and the medicine must be collected by an adult, and accept that this is a service which the school is not obliged to undertake.

Date _____ Signature _____



Feniscowles Primary School
Self-Administration of Medication
**Name of Long Term Condition*

DETAILS OF PUPIL

Full Name _____ M/F _____

Date of Birth _____ Year/Class _____

CONSENT

1. I can confirm that my child has been diagnosed with

2. My Child has a clearly labelled box containing (*please name all items*)

_____ which will be kept in school and should be administered according to their Individual Health Care Plan.

3. I consent for my child to administer their own (*name of medication*) _____ at the appropriate times (according to their Individual Health Care Plan) and use the medication when they feel they need it.

Medication

Name/Type of Medication (as described on the container) _____

Name of Parent/Guardian _____

Signature _____

Date _____

HEADLICE ALERT!

**There is a current, active infection in your child's class -
PLEASE CHECK ALL YOUR FAMILY'S HAIR TONIGHT.**



Correct diagnosis is essential. The only reliable method is by detection combing AND appropriate treatment. If you need help ask your local chemist, health visitor or family doctor.

THANK YOU



Dear Parents and Carers,

You are receiving this letter as we are aware there are children in school who have been in contact with children who have scabies . For more information regarding scabies and the treatment of it please visit:

<https://www.nhs.uk/conditions/Scabies/>

Thank you for your support in this matter.



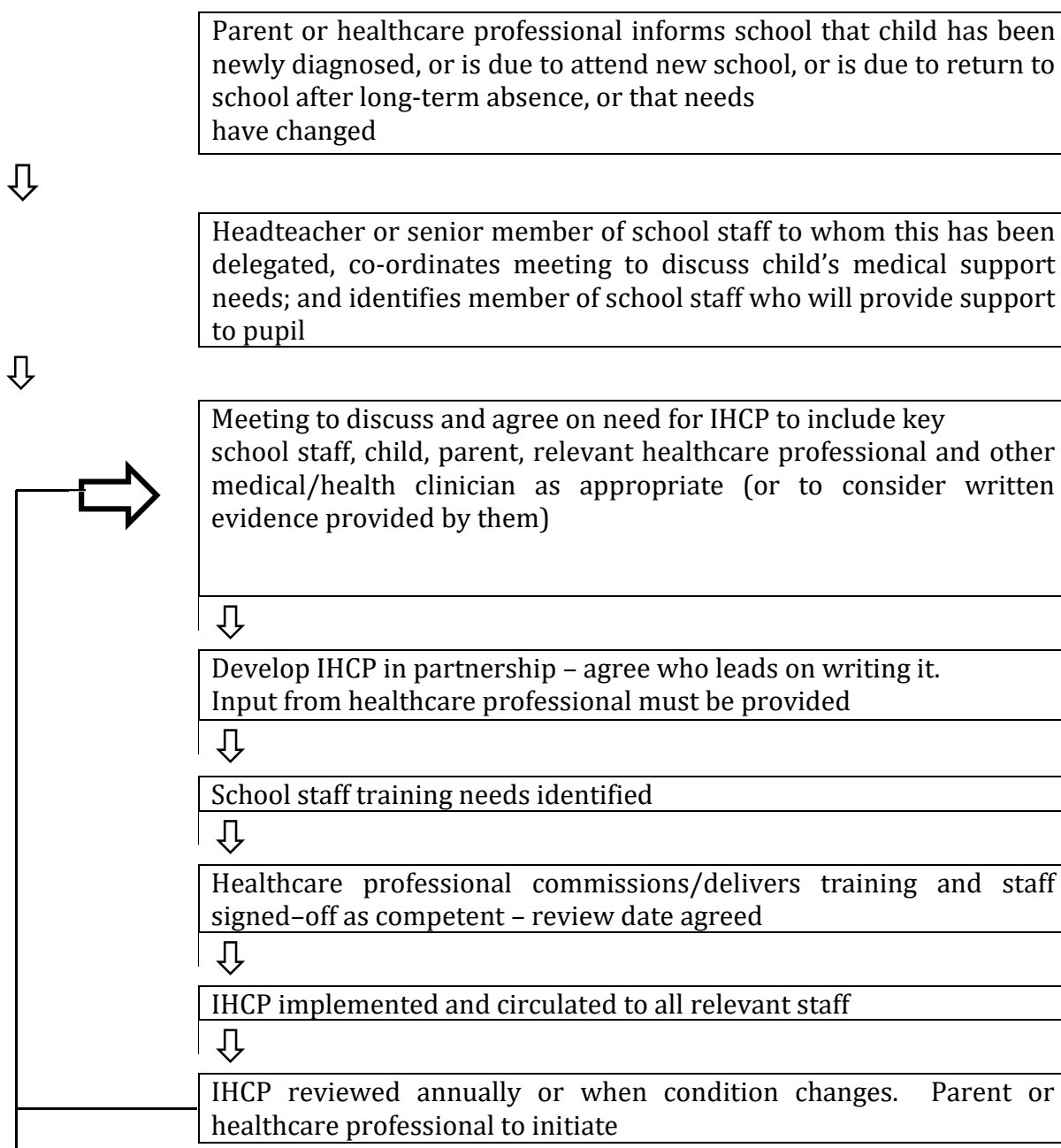
Dear Parents and Carers,

You are receiving this letter as there have been several cases of Threadworms reported in your child's class. For more information regarding threadworm or the treatment of it please visit:

<http://www.nhs.uk/Conditions/Threadworms/Pages/Introduction.aspx>

Thank you for your support in this matter.

Model process for developing an Individual Health Care Plan



Individual Health Care Plan

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- 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;
 - 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;
 - 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 and the head teacher 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 assessments;
 - where confidentiality issues are raised by the parent/child, the designated individuals 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.



Feniscowles Primary School Administering Medication – Staff Consent

Medication Training Content:

Information contained within the school's Medicine/Medication Policy, focusing particularly on the section entitled 'Managing Medicines in School'.

Name of School: Feniscowles Primary School

Name of Staff: _____

Type of Training Received: The process in which to administer medication in line with the school's medication policy.
Information regarding all relevant procedures to be followed in line with the medication policy.

I confirm that I have received and read the training detailed above and am now aware of the medication policy that I need to comply with. I am aware of the relevant paperwork to be completed, where to store medication, what medication can be administered in school and the procedure for administering medication.

Staff Signature: _____

Date: _____

I *consent/do not* consent to administering medicines to pupils (*please delete as appropriate*).

Staff Signature: _____

Date: _____