

Whitstable Junior School

Supporting pupils with medical conditions Policy

Governors' Committee Responsible: Curriculum Committee

Policy Originator: Headteacher

Status: Statutory

Review Period: Annually

Date approved: February 2026

Next review date: February 2027

Signed: _____ Chair of Governors

Signed: _____ Headteacher

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

Behaviour in Schools, DfE January 2022

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

Mental health issues affecting a pupil's attendance: guidance for schools, DfE Feb 2023

This policy should be read in conjunction with the following school policies:

SEN Policy

Safeguarding Policy

Off-site visits policy

This policy was developed to ensure best practice is used to support those in the school community who do need or will need medical support whilst engaged in school activities.

Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- The governing board will implement this policy by:
 - Making sure sufficient staff are suitably trained
 - Making staff aware of pupils' conditions, where appropriate
 - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
 - Providing supply teachers with appropriate information about the policy and relevant pupils
 - Developing and monitoring individual healthcare plans (IHCPs)
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The named person with responsibility for implementing this policy is **Mrs Kirsten Collin (Co-Headteacher/AHT)**

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.

Policy implementation

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 Whitstable Junior 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 actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);

Considering whether to:

- develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
- Purchase and train staff in the use of defibrillators
- Once regulations are changed consider holding asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

The Headteacher

The overall responsibility for the implementation of this policy is given to the Headteacher (HT). The HT 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.

The Co-Headteacher/AHT (Kirsten Collin)

The Co-Headteacher/AHT will

- Be responsible for monitoring individual health care plans
 - HT, AHTs and the class teacher will be responsible for ensuring medical needs are covered on risk assessment for trips with HT authorising all trip risk assessments or AHTs in their absence.
 - Be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans
- Ensure that all staff who need to know are aware of a child's condition
 - Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
 - Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
 - Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

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.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- With respect of children with allergies, provide the school with a BSACI plan signed by a medical professional
- In respect of children with asthma, provide the school with an Asthma and Lung UK action plan signed by a medical professional
- Be involved in the development and review of their child's IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Inform the school immediately of any changes to medical conditions, medication or the dosage required

Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs

School nurses and other healthcare professionals

- Our school nursing service may notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHCP. In addition, the school may themselves contact the school nursing service when a pupil has been identified as having a medical condition that will require support in school.
- Healthcare professionals, such as GPs and paediatricians, may liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs. In addition, the school may seek consent to contact healthcare professionals such as GPs and paediatricians to discuss the needs of any pupils identified as having a medical condition that requires support in school.

Local authorities

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, Integrated Care Boards (ICBs) and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) education for children with health needs who cannot attend school

The Integrated Care Board (ICB) commission healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as

described above for local authorities). The local Health and Wellbeing Board provides a forum for the local authority and the IBC 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.

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 Whitstable Junior School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term.
- In other cases, such as a new diagnosis or a child moving to Whitstable Junior School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks. This will involve working collaboratively with parents and healthcare professionals, where involved, to identify support needs and undertake risk assessments. If medical information is not supplied within 2 weeks, this may delay the date of admission.
- 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.
- Whitstable Junior 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 and a child's presenting needs. 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 The Headteacher, and following these discussions, an individual healthcare plan will be written in conjunction with the parent/carers and be put in place.

See Appendix 2 for the timeline of updating and sharing medical plans

Inclusion

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.

Individual healthcare plans

- Individual healthcare plans will help to ensure that Whitstable Junior 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 professionals and parent/carer 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 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 SEN but does not have a statement or 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(s) eg 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 Whitstable Junior 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.
- Whitstable Junior 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

Whitstable Junior 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.

- For children with allergies, **the BSACI plan** will be the main document that staff refer to when managing allergies. This will remain in the child's medical bag at all times.
- For children with asthma, the asthma plan will be the main document that staff refer to.
- Individual Healthcare plans will be shared with all members of staff and parent/carers who hold parental responsibility for the child.

Appendix 4 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 eg 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/carer and the Headteacher, or 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 eg, risk assessment;
 - Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition;

- 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

See appendix 2 for the timeline of updating and sharing medical plans

**Staff training and support: (first aid, diabetic training, administering medicines)
See register in office for named staff.**

- All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.
- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (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. The Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- 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.

Administering medication:

Where a child needs medication administered, the following steps will be followed:

1. Check that consent has been given by parent
2. Check the pupil's identity before administering
3. Check the medication name, dosage, and expiry date
4. Ensure a second member of staff witnesses the administration and both staff members must initial and sign the record
5. Complete the medicine administration record – this is kept in the medical room cupboard

6. Inform the parent/carer that medication has been given (record date and time on this form)
7. Add an entry to CPOMS immediately after administration (record date and time on CPOMS)
8. Note any reactions or concerns on the form and CPOMS

See appendix 6 for copy of the form

The child's role in managing their own medical needs

- If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.
- Wherever possible children will be allowed to carry their own medicines and relevant devices a clearly labelled medical bag. Medication for children where it is not necessary for them to carry their medication will be stored in the locked cupboard or fridge in the school office. Whitstable Junior School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. Any self administration will be agreed by parents and recorded on the child's IHCP. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

At Whitstable Junior School the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child at our school should be given prescription or non-prescription medicines without their parents written consent (see appendix 5) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- Non-prescription medicine can be administered by named colleagues if written permission is obtained from the parent or person with parental responsibility. Aspirin is never administered unless part of a prescription.
- Non-prescription pain relief, held in school can be administered by members of staff if written permission is obtained by the parent (see Appendix 8). A record will be kept in school and parents will be informed by text message if this has taken place (see Appendix 3).

- Whitstable Junior School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispense a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container. A record of all medicines accepted by staff will be kept in the office and medicines will be signed in by staff and signed out by parents when collected (see Appendix 9).
- As stated in Appendix 2, medicines provided by parents will be safely disposed of after 3 months if no longer in use or remain un-collected by parents. Parents will be notified if medication is disposed of.
- All medicines will be stored safely in the medical room or fridge behind Office Manager's desk (no children can access this part of the office).
- Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know that the office hold the key to the medicine cabinet.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available state where and not locked away. Asthma inhalers should be marked with the child's name and kept in the child's classroom
- During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but they must not pass it to another child. Monitoring arrangements may be necessary. Otherwise, we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school and when administered countersigned by school colleague.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Whitstable Junior School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administer 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.
- All staff must follow the school's procedures for recording and communicating medical incidents. This includes knowing when to record an incident, where to record it, verbal handover protocols, and procedures for seeking help when needed. Full details of these procedures, including supervision requirements and support for staff working 1:1 with children, can be found in **Appendix 3: Medical Incident Communication and Recording Procedures**.

Medical Bags - Required Contents

Each child with significant medical needs will have a clearly labelled medical bag (a bumbag is preferred) containing:

A copy of their current IHCP (unless the BSACI plan is used in which case the IHCP will be stored in school)

A copy of their BSACI plan (if applicable)

Emergency medication (e.g., EpiPens, inhalers)

A photograph of the child

Emergency contact details for parents/carers

List of symptoms requiring immediate action

Record sheet for medication administration (see appendix 7)

- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal or if parents have not collected after 3 months disposed of by the school. Sharps boxes should always be used for the disposal of needles and other sharps.

Central Storage of Plans

Central Storage of Medical Plans and Information

- All Individual Healthcare Plans (IHCPs) are stored centrally on the teacher shared drive – 'Individual Health Care Plan's folder
- BSACI (British Society for Allergy & Clinical Immunology) allergy action plans are stored on the teacher shared drive – 'Individual Health Care Plan's folder and in the child's individual medical bag
- Asthma plans are stored centrally on the teacher shared drive – 'Individual Health Care Plan's folder and in the child's classroom.
- A master list of all children with medical needs is maintained by the Co-Headteacher/AHT and Office Manager, with copies held in the school office and stored centrally on the teacher shared drive – 'Individual Health Care Plan's folder
- All staff have access to medical information on a need-to-know basis through the teacher shared drive – 'Individual Health Care Plan's folder
- There is a paper file in the school office
- Photos of children with IHCP will be displayed in the school office and staff room.

Treat Bags for Children with Allergies

- All children with allergy action plans must have a 'treat bag' provided by their parents/carers
- Treat bags should contain safe snacks and treats that can be given to the child during class celebrations, parties, or when other children are having food the child cannot eat

Parents are responsible for:

- Providing and regularly replenishing the treat bag
- Ensuring all items are clearly labelled and within date
- Informing staff of any changes to safe foods
- Treat bags are stored in the child's classroom in a clearly labelled container

Class teachers are responsible for:

- Checking treat bag contents termly and requesting replenishment from parents when needed
- Staff must check the treat bag before giving any item to ensure it is within date and suitable

Emergency procedures

- The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.
- 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.

Additional requirements:

Class teachers are responsible for advance planning and parent liaison for all trips/activities involving children with IHCPs

A minimum 2-week notice period must be given to parents before any trip or activity

During this notice period, class teachers must:

- Review the child's IHCP with parents with the individual trip and potential risks discussed
- Confirm medication requirements and expiry dates
- Discuss any specific concerns or adjustments needed
- Ensure all necessary medication and equipment is available
- Brief accompanying staff on the child's needs

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips

Other issues for consideration

- Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.
- The Governing Body will consider whether to invest in the defibrillators and staff training.
- Once regulations have changed the Governing Body will consider whether to hold asthma inhalers on site for emergency use.

Unacceptable practice

Although staff at Whitstable Junior 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:

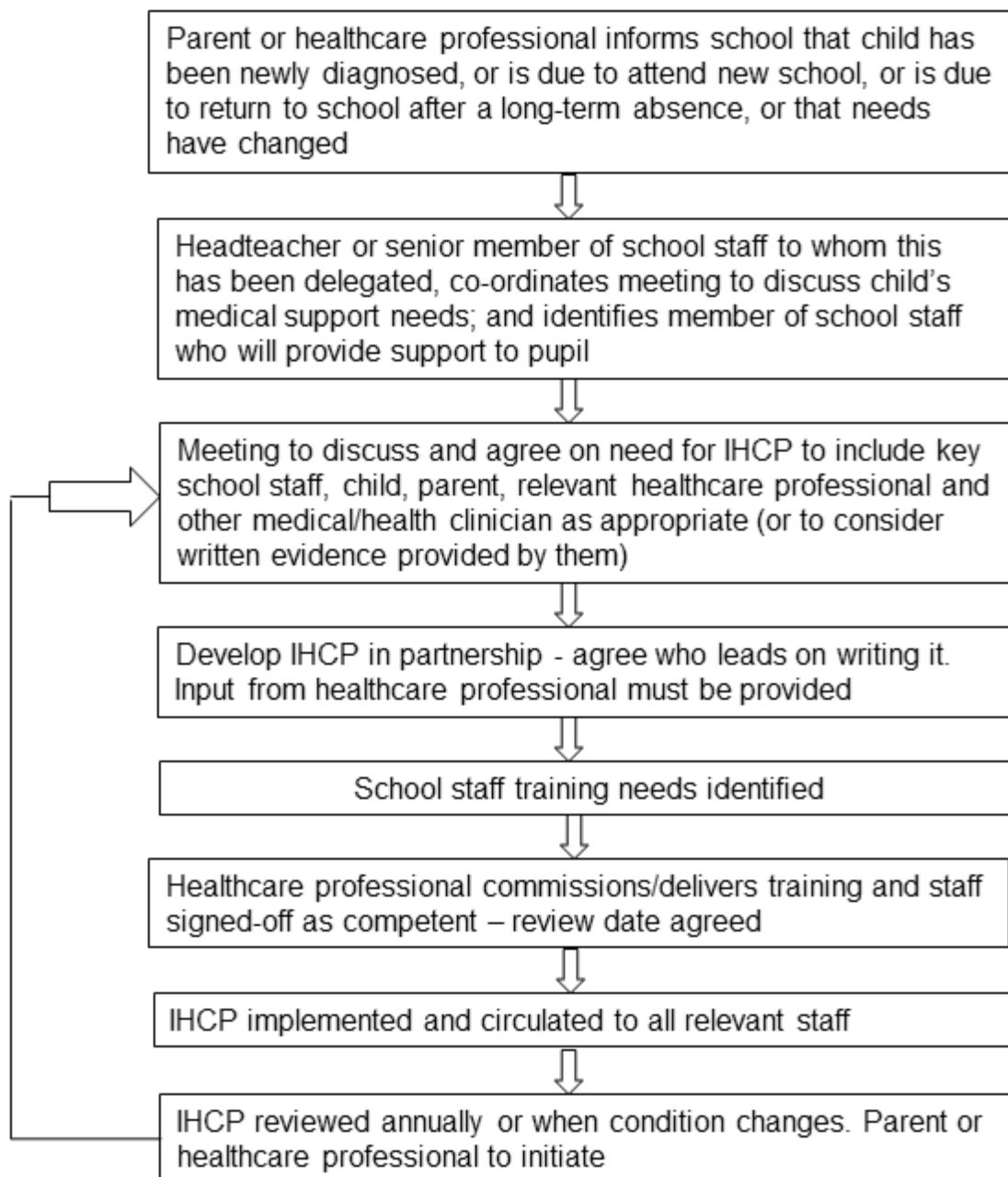
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (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 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 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, e.g. by requiring parents to accompany the child.
- Administer, or ask pupils to administer, medicine in school toilets

Complaints

Should parents\carers be unhappy with any aspect of their child's care at Whitstable Junior 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 school's Complaints Procedure (available on the school's website)

APPENDIX I: Model process for developing individual healthcare plans



APPENDIX 2: Timeline for updating and sharing Information

Action	When	Responsible person
Review all IHCP	Start of each seasonal term (September, January, April)	Co-Headteacher/AHT
Annual IHCP review with parent	Within 12 months of review	Co-Headteacher/AHT with class teacher
Share updated IHCPs with relevant staff	Within 5 working days of update – this will be done via email and staff briefing. Plans are additionally stored electronically on the teacher shared drive	Co-Headteacher/AHT
Update BSACI plans when new allergy information received	Immediately upon receipt	Co-Headteacher/AHT
Brief all staff on medical needs	First staff briefing of term	Co-Headteacher/AHT
Share medical information with supply teachers	Before supply teacher starts	Co-Headteacher/AHT or office staff welcoming supply teacher
Update medical information for new pupils	Before pupil starts or within 2 weeks of diagnosis	Co-Headteacher/AHT
Review medication records	Monthly	Co-Headteacher/AHT

APPENDIX 3

Medical Incident Communication and Recording Procedures

When to Record a Medical Incident:

- Any administration of emergency medication
- Any incident where a child's medical condition causes concern
- Any time a child needs to access their regular medication outside of the normal routine
- Any adverse reactions to medication
- Any refusal to take medication
- Any incident requiring first aid related to a medical condition

Where to Record:

- All incidents must be recorded in the Medical Incident Log held in the medical room cupboard
- Medication administration must be recorded on the child's individual medication chart (see Appendix 4)
- Serious incidents must also be recorded on the school's accident/incident reporting system

Verbal Handover Protocols:

- Any medical incident occurring during the school day must be verbally communicated to the child's class teacher before the end of the day
- Class teachers/ LSAs must inform the office to inform parents via text or phone call as appropriate
- If a child attends after-school club, medical information must be handed over to the club leader
- All medical incidents must be added to CPOMS where the relevant members of staff will be alerted

Seeking Help Procedures: When staff need immediate support with a medical situation:

1. Call the office or send a reliable child to the office with a red card to indicate medical emergency
2. Office staff will immediately send trained first aid/medical support
3. If the situation is serious, call 999 and inform the Headteacher/SLT immediately
4. **Never leave the child unattended**

How Adults Can Gain Support When Working 1:1 with a Child/Group:

- Staff working in 1:1 or small group situations with children who have medical needs should:
 - Use a classroom phone or in the case of emergency a mobile phone to contact the office (you can bypass the message by immediate pressing 2)
 - Have knowledge of the nearest staff member who can provide cover
 - Use the red card system to send for immediate help
 - Have access to the child's medical bag and IHCP or BSACI plan where appropriate

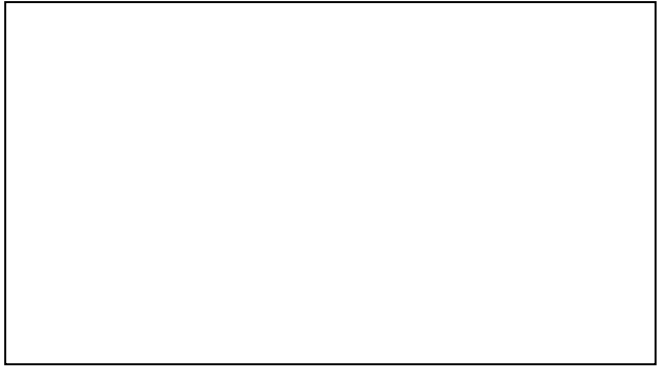
Supervision Requirements:

- **No child displaying a medical need will be left unaccompanied in school**
- If a child needs to go to the medical room, they must be accompanied by a responsible adult or, if unavoidable, a mature and reliable pupil who knows to stay with them and seek immediate adult help
- Children must not be sent to the office or medical room alone if they are feeling unwell.

Appendix 4

Whitstable Junior School

HEALTHCARE PLAN (for pupils with medical conditions at school)

Pupils Name	Insert Photo of Child here: 
Date of birth: male <input type="checkbox"/> female <input type="checkbox"/>	
Class: Class Teacher: TA:	
Member of staff responsible for Home-school communication:	
Pupil's address :	
Family contact (1) Name:	Phone (day) Mobile
Relationship with child:	
Family contact (2) Name:	Phone (day) Mobile
Relationship with child	

GP:	Phone:
Specialist contact:	Phone

MEDICAL CONDITION INFORMATION

<u>Medical condition:</u>
<u>Signs and symptoms of condition</u>
<u>Medication (as described on the container)</u>
<u>At Home:</u>
<u>In school:</u>
<u>Separate protocol:</u>
<u>What to do</u>

WHAT TO DO IN AN EMERGENCY

Self-administration: can the pupil administer the medication themselves?

- yes no yes, with supervision by

Staff members name:

Is there any other follow-up care necessary?

Who should be notified?

- Parents specialist GP

Child voice

How my medical condition affects me

How adults can help me

Other things I would like adults to know when helping me

Members of staff trained to administer medications for this pupils

Any other information

Parental agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Parent/Carer _____ Date _____

Headteacher/Inclusion Manager _____ Date _____

Health Professional: _____ Date _____

Review Date:

Appendix 5

Request for School to Administer Medication

The school will not give your child medicine unless you complete and sign this form.

DETAILS OF PUPIL		
Surname:	Forename(s):	Class:
Condition or illness:		
MEDICATION		
Name/type of medication (as described on container):	For how long will your child take this medication:	
Dosage and method:	Time last dose was given:	
	Next/earliest dose due:	

I understand that I must deliver the medicine personally to the office and accept that this is a service which the school is not obliged to undertake. I will notify the school of any changes to this information (time of dosage etc).

I am happy for the school to safely dispose of the medication after 3 months.

Date.....Signature.....

Relationship to pupil.....

Appendix 6

For staff administering medication:

1. Check that consent has been given by parent
2. Check the pupil's identity before administering
3. Check the medication name, dosage, and expiry date
4. Ensure a second member of staff witnesses the administration
5. Both staff members must sign the record
6. Inform the parent/carer that medication has been given (record date and time on this form)
7. Add an entry to CPOMS immediately after administration (record date and time on CPOMS)
8. Note any reactions or concerns in the final column

Child's Name	Class	Date	Time	Medication administered	Dosage	Illness medicine administered for	Administered by – initials and signature	Witnessed by – initials and signature	Parent/Carer Informed (Date & Time)	CPOMS Entry (Date & Time)	Any Reactions/Notes

Appendix 7

Medicine Administration Record (to be kept in child medicine bag)

Child's name _____

Class _____

- This form is to be completed when any medicine is administered.
- The office should then be informed so that parent can be contacted and informed
- Administration to be added to CPOMS under medical – administration of medicine category

Date	Time	Medication	Dose given	Reason medicine administered	Initials and signature of staff who administered	Initials and signature of staff who witnessed	Office informed to contact parent	Added to CPOMS	Any comments

**Appendix
8**

Dear Parents & Carers

Pain Relief Consent

Sometimes the unforeseen need to give pain relief (Calpol 6+ or Nurofen) arises during the school day, for minor ailments such as mild headaches and toothache. The purpose of this letter is to seek written consent for your child to receive pain relief, if needed.

In such an instance, you will be contacted beforehand by a member of staff at Whitstable Junior School, who will ask you to confirm (to them and another member of staff) that your child is able to receive the medicine.

Once the medicine has been administered, a record – stating the reason, dose and time given will be made. A text message with this information will also be sent.

Kind regards,
Headteacher.

Should the need arise, I give permission for my child to be administered the recommended dose of:

Paracetamol such as Calpol 6+
Ibuprofen such as Nurofen (please tick)

Child's Name
Date of Birth
Class.....

Parent/Carer Signature
Print Name
Date

