



The Hermitage Infant and The Hermitage Junior Schools

Supporting Pupils with Medical Conditions and First Aid Policy

Spring 2025

School name: The Hermitage Infant and Junior Schools

Policy owner: Inclusion Leader

Date: Spring 2025

Next review date: Spring 2027

Date originally shared with LGC: Spring 2023

Date originally shared with staff: Spring 2023

1. Our Aims –

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits.
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication.
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans and/or individual risk assessments where necessary.
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support.
- To keep, monitor and review appropriate records.

Where children are unwell and not fit to be in school, or when they are suffering from an infection which may be passed onto others, children should remain at home to be cared for and looked after. Even if they have improved, children may not return to school for at least 48 hours following vomiting and or diarrhoea.

The schools are committed to encouraging children to return to school as soon as possible after illness, subject to health and safety of the school community. This policy statement sets out the care and support to be provided in school during open hours including before and after school care, holiday clubs and activities.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

The Hermitage Infant and Junior Schools provide full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows:

Employees may:

- Receive appropriate training.
- Work to clear guidelines.
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with medical conditions.

3. Roles and responsibilities

3.1 The Local Governing Committee (LGC)

The Local Governing Committee has ultimate responsibility to make arrangements to support pupils with medical conditions. The LGC will ensure that all staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Executive Headteacher

The Executive Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Take overall responsibility for the development of IHPs

3.3 Inclusion Leaders

- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- 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
- Ensure cover arrangements in case of staff absence/ turnover is always available and that supply teachers are briefed and daily timetables are shared
- Risk assessments for visitors and activities out of the normal timetables are carried out and parents consulted where appropriate
- Transition arrangements between schools are carried out ensuring full disclosure of relevant medical information, Healthcare plans/risk assessments and support needed in good time for the child's receiving school to adequately prepare
- Create, monitor and update IHPs with parents, children and medical professionals annually
- Ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare Plan (IHP) or Individual Risk Assessment (IRA) for example, an inhaler.
- Keep a record of children with medical needs, update and circulate termly to those who need to be kept informed.

3.4 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, and must use their best endeavours at all times, particularly in emergencies to secure the welfare of the pupil in the same way parents might be expected to act towards their own child, 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:

- ensure all parties understand their roles and responsibilities in administering medicines and first aid.

- receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- ensure medicines are stored and administered safely.
- write and monitor Individual Healthcare Plans (IHP) and/or Individual Risk Assessments (IRA) and reviewed annually or as changes are required and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals.
- liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil.

3.5 Administrative Assistant

The Administrative Assistant in each school holds responsibility for looking after first aid equipment e.g.: restocking first aid boxes, including those for trips, the first aid cupboard and ensuring appropriate records are kept and procedures followed, informing a member of the senior leadership team of any accidents that may need further investigation and calling an ambulance if required.

3.6 Parents

Parents will:

- provide the school with sufficient and up-to-date information about their child's medical needs.
- supply school with appropriately prescribed medication, where the dosage information and regime are clearly printed by a pharmacy on the container.
- ensure the medicines provided are in date.
- complete a parental agreement for The Hermitage Schools to administer medication that has been prescribed by a doctor.
- co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible.
- be involved in the development and review of their child's Individual Healthcare Plan (IHP) or Individual Risk Assessments (IRA) and may be involved in its drafting.
- carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

3.7 Pupils

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

3.8 School nurses and other healthcare professionals

Our school nursing service will 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 IHP.

Healthcare professionals, such as GPs and paediatricians, will 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 IHPs.

4. Equal opportunities

Our school is clear 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.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition (Appendix 1)

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. See flow chart in appendix 1.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Children with medical conditions which may require emergency attention eg: diabetes, epilepsy, anaphylaxis, will have their names and IHPs clearly accessible in the classroom and all adults dealing with the child have their attention drawn to this information. All other medical conditions will be noted on a pupil's SIMs record in their file and be provided to teachers annually or when there is an update. All individual medical forms are kept in the school office.

Any visitors working within a classroom will be informed of any medical needs within the class of children they are working with and Inclusion Leaders will send termly reminders to all staff of children with medical conditions.

6. Individual Healthcare Plans (IHPs) (Appendix 2).

The Executive Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Inclusion Leader at each school.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed or on the request of a parent.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Executive Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as a school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) Plan. If a pupil has SEND but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Executive Headteacher and the Inclusion Leader will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the Executive Headteacher 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing and administering medicines

7.1 Administering

Only essential prescribed medicines will be administered during the school day. Where medicine is required to be taken three times a day or less, the school encourage, before, after school and bedtime. If a child is attending afterschool clubs or medicine needs to be taken with food, it can be administered during the school day.

Parents must submit a written medical permission slip (Appendix 5) providing consent before any medicine is administered. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

Non-prescription medicines will only be administered at school on a temporary, short term basis (2 days maximum), when it would be detrimental to the pupil's health or school attendance not to do so; and where parents have provided medication with written consent or note from the doctor. The school will not enter into any agreement to administer non-prescription medicines on a regular basis, unless this forms part of a pupils Individual Healthcare Plan.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

The school will only accept prescribed medicines that are:

- In-date
- Labelled including the child's name and date of birth.
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given. Any child refusing to take medicine in school will not be made to do so, and parents will be made aware as soon as possible.

Medicines will be dispensed in accordance with instructions. Times agreed will be recorded in the office on a whiteboard and a timer set to remind staff to administer medicines daily when appropriate.

As far as possible the timing of administration should coincide with morning break or lunchtime. Staff will try to remind the pupil but the school cannot guarantee that this will always be at the exact time requested by the parent.

All doses administered will be recorded in the Administration of Medicines book (located in the Medical Room in the Junior School and the allocated Medical Office in the Infant School) and parents will be informed about all doses administered or missed.

The school do not stock and therefore will not provide any medicine, lotion or cream that has not been provided by a parent.

Inhalers

Inhalers are kept in the children's classrooms in their First Aid bags. Children have access to these inhalers at all times and will be accompanied by an adult during administration. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration and records are kept when they are administered.

Auto Injector Pens

Anaphylaxis – Parents will complete a special dietary request form (Appendix 4) for children with a food allergy. This will be shared with the catering team Twelve15, the Inclusion Leaders and will trigger the creation of an IHP. In many cases, a child with a food allergy requires an auto injector pen. IHP's are also created for other allergies such as environmental or insect. A copy of the Allergy Action Plan, signed by medical professional, must accompany the medication.

Any member of staff can administer an Auto Injector pen in an emergency. All staff will have received training. A pupil's IHP should be followed in all circumstances.

Cetirizine or a prescribed antihistamine may be given when a symptom occurs following ingestion of possible irritants for allergy sufferers. If in tablet form or a small liquid sachet, it will be stored with the auto injector pen. If in a large glass bottle, this will be stored in the school's office or Medical Room, as appropriate. The child's one page care plan will also be carried with the auto injector pen.

If symptoms are more severe, the auto injector pen should be given immediately and ambulance called. The pen (cap off) should be pushed against the child's thigh, through clothing if necessary. The pen should be held for the amount of seconds stipulated on the

instructions before being withdrawn. A second auto injector pen must be obtained from the school office and applied following the first if symptoms are not improving. Ambulances must be called for a child who has required an auto-injector pen. Parents should be contacted after this call has been made.

All children requiring auto injector pens must have two in school. One will be stored in the Premises Manager's office clearly named with a photo of the child and the other in the classroom first aid bag. Nursery and Reception aged children's auto injector pens will be stored in their classroom medical box with their IHP. Year 1 & 2 auto injector pens will be stored in allocated Medical Office (Infant School).

Other medicines/ products

Pupils at The Hermitage Schools may bring in cough/throat lozenges but they must be handed in to the office or class teacher who can oversee their use. They must not be used outside the school building e.g.: on the playground or field as use with exercise may present a choking hazard. Packets must be clearly marked with child's name and class.

Lip balm (not containing nuts) may be administered by the child if necessary at the discretion of the class teacher. Again, clearly named and not used by other pupils.

Suntan lotion should be applied before and after school. In extreme conditions it may be brought into school and self-administered. All lotions should be marked with the child's name and class. Staff will not administer sun lotion.

7.2 Storage

All medicines will be stored safely and clearly named. Pupils and staff will be informed about where their medicines are at all times and be able to access them immediately.

Medicines needing refrigeration will be stored in the fridge located in the Medical Room (Junior School) and staffroom (Infant School). Some medicines (inhalers, etc) **may be** kept in the child's classroom first bag. See above for more information.

Controlled drugs or prescribed medicines will be kept in a cabinet/fridge in the Medical Room (Junior School) or allocated Medical Office (Infant School). Access to these medicines are restricted to the named persons. Secondary Auto Injector Pens are kept in a cupboard in the Premises Manager's Office (Junior School) and allocated Medical Office (Infant School), clearly named and with photo ID on the box/bag. In the case of auto injector pens, all staff have access to the cupboard which is clearly labelled and accessible.

Medicines will be returned to parents to arrange for safe disposal when no longer required. In all circumstance, medicines should be taken to and collected from the office by a responsible adult.

All medicines including inhalers, will be returned to the parents at the end of the academic year with instructions to bring in new medicines, for the start of the new academic year in the autumn term.

Expiry dates are monitored termly and parents contacted to replace when necessary.

7.3 Visits, Trips and Clubs

Essential medicines will be administered on Educational Visits and residentials, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

The schools' before, after school and holiday club staff will hold registers for pupils with medical conditions and be expected to follow this policy at all times children are in their care. External club providers will be informed by parents during registration of children with medical needs. The school will share IHP and IRA for individuals attending clubs and ensure they are aware of location of medicines. All staff will be expected to read and follow this policy.

7.4 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

Where agreed with parent and pupil, a pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs prescribed to a child must be kept in a secure cupboard in the Medical Room (Junior School) and allocated Medical Office (Infant School), which school staff can access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.5 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if required.

7.6 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents
- ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise pupils 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

- prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- administer, or ask pupils to administer, medicine in school toilets

8. First Aid

8.1 First aid

First aid will be provided in cases where a person needs help from a medical practitioner, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained. In such circumstances when treatment of minor injuries would otherwise receive no treatment or does not require a medical professional.

All staff will provide immediate first aid to anyone in need and alert another adult to assist when required. This alert can be sending another sensible child or adult to the office, using their red assistance card, using a walkie-talkie/ school mobile if using the school field from The Hermitage School or by simply shouting for aid particularly when on the field or playground.

All staff, pupils and visitors to The Hermitage Schools are entitled to attention if they suffer injury or fall ill whilst in the school environment. It is important that casualties receive immediate attention and that assistance is sought, calling for an ambulance when necessary. First aid does not extend to giving medical treatment or medications such as pain relief.

Non urgent/ less serious conditions can be treated in class or on the field/ playground during the school day with use of first aid equipment in school on trollies or in bags.

Urgent or more serious conditions should be sent to the office if appropriate or Paediatric first aid trained staff called for help whilst staff begin immediate first aid.

8.2 Training

All staff are expected to complete First Aid Awareness and auto injector pen training. Staff newly appointed will undergo training within the first three months of employment if they do not hold a valid certificate. This training is repeated every three years for all staff.

Several staff across the two schools have completed Paediatric first aid training.

8.3 Records and reporting

Each school has a medical room or area where first aid resources and equipment are stored. The records of first aid treatment are also kept in this area and detail name, date, time, detail of the injury, the treatment given and a signature of the person providing first aid.

Major injuries (fractures, amputations, dislocations, loss of sight etc...) must be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 RIDDOR.

In respect of pupils, the "trigger" requiring reporting to the Health and Safety Executive:

- 1) The person was taken from site of the accident to hospital and
- 2) The incident arose out of or was in connection with work, for example:
 - Work organisation or lack of supervision

- Defective equipment or plant
- Use of substance
- Defective condition of premises

Children's medical details including current IHP and IRA will be passed on to new schools along with personnel files as part of transition.

8.4 Injuries

Every care is taken to ensure that injuries are not missed. If a child sustains a knock to the head, or receives a more severe injury and is not hospitalised, every effort will be made to contact the parent/carer or other emergency contact as recorded in the child's records. A mutual decision will be made as to whether the pupil will remain in school or is to be collected. For lesser injuries where a pupil is able and willing to continue to remain at school parents will simply be informed. For minor head injuries parents are informed via orange bands which have the date and time of incident written on them.

Minor cuts and bruises are not generally reported to parents but the incident is still recorded and can be recalled if an enquiry is made.

8.5 Risk assessments (IRA) Appendix 3

A child/ member of staff who arrives in school having sustained an injury e.g.: arm in a sling, broken finger or leg in plaster, may require an Individual Risk Assessment (IRA) see appendix 3. An IRA must be completed by the Inclusion leader or a leader in the school in their absence and with the parent. The risk assessment will detail the agreed adaptations to the school day enabling the child to take part fully but safely in all activities where possible and be signed by parent and staff member, then reviewed as changes occur. IRAs are shared with staff members who work with the child/ staff member.

All staff working in school are kept informed of any child's special medical needs. This information is circulated as a medical risk assessment and details, including special arrangements or evacuation procedures, are specified.

If necessary a Personal Emergency Evacuation Plan (PEEP) is completed.

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance. Staff cars should not be used for this purpose.

In a medical emergency, all teachers and support staff have been appropriately trained to administer emergency first aid if necessary. If possible, one of the school's Paediatric First Aiders, will be asked to attend.

If an ambulance needs to be called, staff will outline the full condition and how it occurred and give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Defibrillators for the schools are located in the Medical Room (Junior School) and Eco Lobby (Infant School).

10. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so, with a number of staff receiving two-day paediatric training.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Inclusion Leader. Training will be kept up to date.

Training will:

- be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- fulfil the requirements in the IHPs
- help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction. Staff will complete First Aid Awareness certificate and renew auto injector pen training every three years.

11. Record keeping

The Local Governing Committee will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information detailed in their risk assessment or healthcare plan.

Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan and/or risk assessment accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records and this information will be provided to class teachers annually.

12. Hygiene and infection control

All persons giving first aid or administering medicines at school will take precautions to avoid infection. Hands must be washed before and after giving first aid, single use disposable gloves must be used and care taken when dealing with blood and any other body fluids. Plastic aprons are also available.

13. Confidentiality

All staff will treat medical information confidentially. The Executive Headteacher and or Inclusion leader will agree with the parent who should and will have access to a child's records and other information about the child. Where a condition could lead to fatality it is recommended that all staff are informed. If information is withheld on the instruction of a parent/carer, staff will not be held responsible if they act incorrectly whilst providing medical assistance, but are otherwise acting in good faith.

14. Liability and indemnity

The Local Governing Committee will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are can be found with the School Business Manager. The school ensure that they are a member of the Department for Education's risk protection arrangement (RPA).

15. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Executive Headteacher or Inclusion Leader in the first instance. If this person cannot resolve the matter, they will direct parents to the school's complaints procedure.

16. Monitoring arrangements

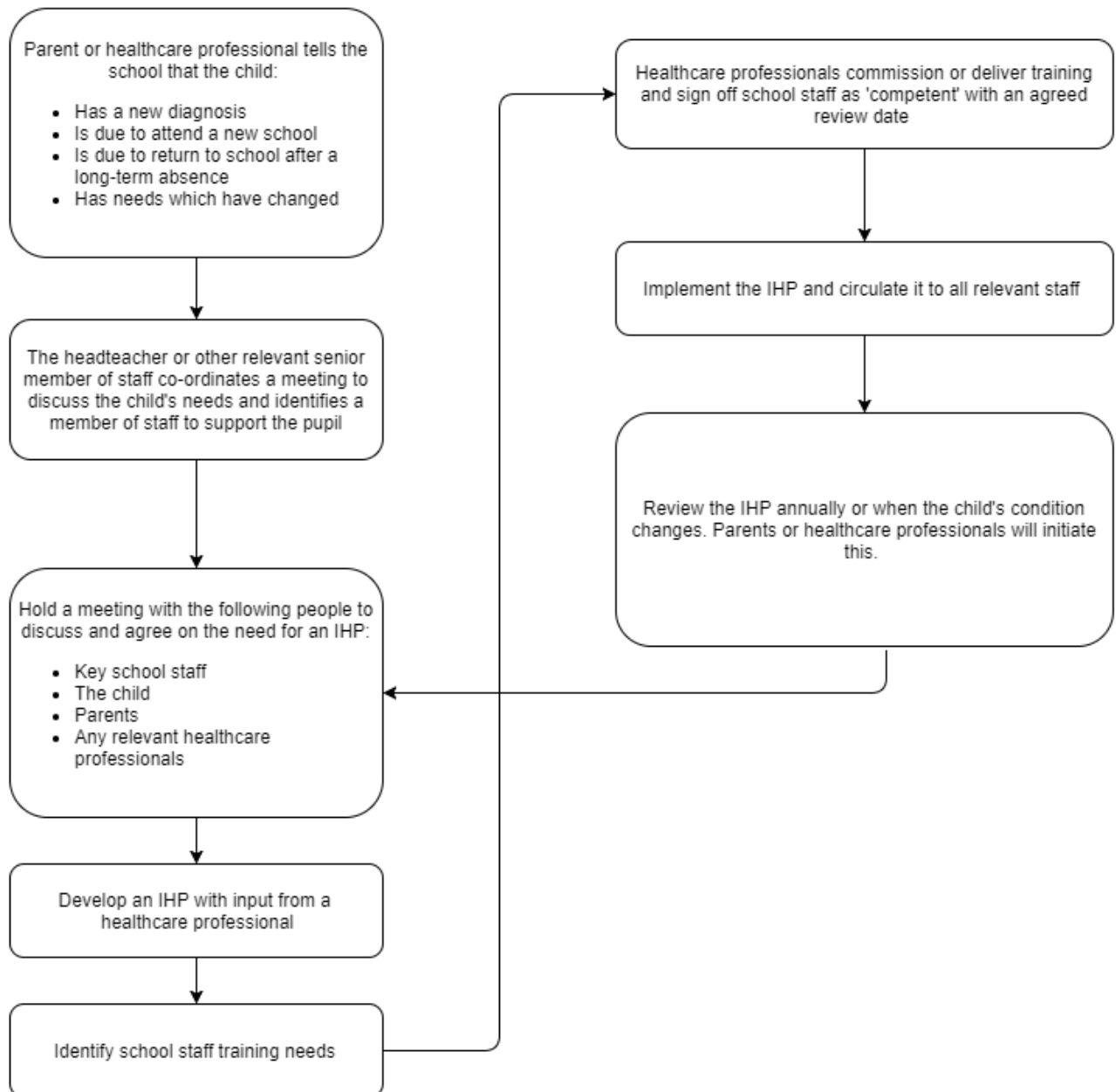
This policy will be reviewed and approved by the Local Governing Committee every 2 years.

17. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special Educational Needs Policy
- Intimate Care Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2

Health Conditions in Schools Alliance

www.medicalconditionsatschool.org.uk

Individual Healthcare Plan

1 CHILD/ YOUNG PERSON'S INFORMATION 1.1 CHILD/ YOUNG PERSON DETAILS

Child's name:	
Date of birth:	
Year group:	
Nursery/School/College:	
Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

1.2 FAMILY CONTACT INFORMATION

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	
Name:	
Relationship:	

Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	
Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD / YOUNG PERSON'S HEALTH NEEDS

	Name	Contact details
Specialist nurse (if applicable):		
Key worker:		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/ school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head teacher:		
Person with overall responsibility for implementing plan:		

Any provider of alternate provision:

This child/ young person has the following medical condition(s) requiring the following treatment. _____

Medical condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?

Are there any side effects of the medication?

**Is there any ongoing treatment that is not being administered in school?
What are the side effects?**

Any medication will be stored

ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the child/ young person's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	

How is it done?	
Is there a target? If so what is the target?	

EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	Anaphylaxis
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

IMPACT ON CHILD'S LEARNING

How does the child's medical condition effect learning?	
Does the child require any further assessment of their learning?	

IMPACT ON CHILD'S LEARNING and CARE AT MEAL TIMES

	Time	Note
Arrive at school	•	
Morning break		
Lunch		
Afternoon break		
School finish		
After school club (if applicable)		

CARE AT MEAL TIMES

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	

SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? if so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?

	Name	Signatures	Date
Young person			
Parents/ carer			
Healthcare professional			
School representative			
School nurse			

Appendix 3



**THE HERMITAGE INFANT AND JUNIOR SCHOOLS
INDIVIDUAL MEDICAL RISK ASSESSMENT**

Child:	DOB:	Class:
Identified medical need:		

Assessment carried out by:	
-----------------------------------	--

Hazard Coding:	Likelihood:
M – major (death or disabling injury) S – serious (medical attention or hospital) SL – slight	High – it will happen Medium – could happen Low – unlikely to happen

Recognized potential hazards:	Estimated Risk Level			Control measures to be undertaken:
	High ✓	Med ✓	Low ✓	

Any other information:
•
•

All staff should be informed of risk assessment and provided with a copy for reference.	
All newly identified hazards should be reported immediately to the class teacher or Inclusion Leader with written notification. The assessment must be updated accordingly.	
Date of assessment:	
Date of next assessment:	
Medical Guidance from GP/School Nurse/ Consultant	
Signed (parent/carer):	
Signed (staff member):	

Appendix 4

This document has been produced in conjunction with the Surrey County Council guidance document –
 "Supporting Pupils with Medical Conditions"
http://www.surreycc.gov.uk/data/assets/pdf_file/0003/77097/Supporting-Pupils-with-Medical-Conditions_v2.0.pdf



SPECIAL DIET REQUEST FORM

School

Child's Name Class:

Please specify type of diet requested:

Medically prescribed diet (food intolerances, allergens, e.g. egg, gluten, nuts).....

Religious (e.g. Halal, Hindu)

Ethical (e.g. vegetarian/vegan).....

**Please print specific details and note this section relates to the diet type listed above.
 It is not to be used for general likes or dislikes. Please identify food that the child is / is not allowed to eat.**

Non Suitable Foods	Suitable or Substitute Foods

DOES YOUR CHILD HAVE A SIGNIFICANT OR LIFE THREATENING FOOD ALLERGY?
(PLEASE CIRCLE) YES NO

The following is required for medical diets only and should be copied by the school representative (who signs below) from the pupil's Care and Treatment Plan. N.B. This is essential to avoid misinterpretation.	
EMERGENCY PROCEDURES FOR USE OF A PRELOADED ADRENALIN INJECTION WHERE IS THE PRELOADED ADRENALIN INJECTION LOCATED? ADMINISTERED BY WHOM?	Details: (school to complete)
LOCAL ARRANGEMENTS FOR IDENTIFICATION OF CHILD TO CATERING STAFF AND IN DINING HALL AGREED AND EMERGENCY PROCEDURE IN PLACE	Details: (school to complete)

Terms & Conditions

Please be aware that there is always a risk that traces of allergens may be transferred to items from the menu during processing, storage or preparation in the kitchens. For this reason Surrey Commercial Services is unable to guarantee that any item on any of the menus is free from trace allergens.

- It is the responsibility of the parent/carer to inform the school in writing of any changes to the pupil's allergy/intolerance.
- Surrey Commercial Services reserves the right to decline a request to provide a special diet if it considers that the medical risk is too great or insufficient evidence/support has been provided.

Updated April 2019

Whilst every effort will be made to meet the requirements identified on this form no liability can be accepted.

GDPR Statement for Special Diet Request Form

Special Diets is an area of school meals provision where personal data of pupils is provided before any special diet can be safely served. This information can include the pupil's name, name of school, name of class, parent name, medical information and photograph of the child. This information is given willingly and with consent from the parent / guardian. Personal data is not stored by any member of Surrey Commercial Services central team or by Catering Services at Strictly Education 4s but held locally at the school for operational reasons.

Please be assured all information is held in accordance with data security and data retention policies and most importantly is held with the sole purpose of attending to pupils dietary needs to ensure the health and safety of the children and young adults to whom meals are served.

- **Pupil photographs on kitchen walls:**
Photographs are not displayed in public view; they are provided with consent from the parents and placed in a discreet place behind the counter so only visible to catering staff.
- **Pupil photographs in folders:**
Photographs may also be stored in folders within the kitchen or catering office. These are stored in a secure manner and only available to the catering staff.
- **Allergy information including special diet request form and medical notes:**
All special diet pupils should have a special diet request form, along with any medical correspondence, submitted before a special diet can be served. This information is provided with consent from the parent and stored in a secure folder within the kitchen or catering office and school office.
- **Retention of Personal Data**
The data referred to will be retained only for the purposes of providing a special diet and will be confidentially disposed of when no longer required for this purpose.

Further information on how we ensure compliance with GDPR can be found at

<https://www.surreycc.gov.uk/council-and-democracy/your-privacy>

<https://www.strictlyeducation4s.co.uk/privacy>

I confirm that I have read and understood the above:

Signature: Print Name: Date:

Parent Parent

Signature: Print Name: Date:

School Representative School Representative

Signature: Print Name: Date:

Unit Caterer Unit Caterer

Updated April 2019

Whilst every effort will be made to meet the requirements identified on this form no liability can be accepted.



Parental agreement for The Hermitage Schools to administer medicine

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

Name of child

Date of Birth

Class

Medical Condition/Illness

Medicine

Name/Type of Medicine

(as described on the container)

Date dispensed

Expiry date

Dosage and method

Timing

Contact Details

Name

Telephone Number

Relationship to child

I understand that I must deliver and collect the medicine personally and I accept that this is a service that The Hermitage Schools are not obliged to undertake.

Date Signature(s)

Appendix 6

The Hermitage Infant and The Hermitage Junior Schools

Auto Injector Pen Waiver

I, _____ (insert name) parent/ carer
of _____ (insert child's name)

do not give consent for my child to carry their own auto injector pen on their person as described in section 7.1 of the Supporting Children with Medical Conditions policy.

I recognise by signing this waiver my child's two auto injector pens will be stored in the school office and my child's classroom.

Signed: _____

Date: _____