



Supporting Pupils with Medical Conditions, and Administering Medication Policy

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Contents:

Statement of intent

1. Legal framework
2. Roles and responsibilities
3. Notification procedure
4. Staff training and support
5. Supply teachers
6. Individual Healthcare Plans (IHPs)
7. Managing medicines
8. Administering medication
9. Educational visits
10. Emergency procedures
11. Unacceptable practice
12. Defibrillators
13. Liability and indemnity
14. Complaints
15. Home-to-school transport
16. Monitoring and review

Appendices

- A. Individual Healthcare Plan Implementation Procedure
- B. Individual Healthcare Plan
- C. Parental Agreement for the School to Administer Medicine
- D. Record of Medicine Administered to an Individual Pupil
- E. Record of All Medicine Administered to Pupils
- F. Staff Training Record – Administration of Medication
- G. Contacting Emergency Services
- H. Letter Inviting Parents to Contribute to IHP Development
- I. Incident Reporting Form

Statement of intent

The governing board of Brinscall St John's CE/Methodist Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential. This includes the safe storage and administration of pupils' medication.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'.

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Alcohol and Drug Abuse Policy
- Complaints Procedures Policy
- Attendance Policy
- First Aid Policy
- Admissions Policy.

Medicine and Supporting Pupils at School with Medical Conditions Policy

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need

to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our website. Policy Implementation All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy is given to the Headteacher who will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. The Deputy Headteacher and Key Stage One Leader will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. This will be carried out in partnership with the class teacher. All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy. Definitions of Medical Conditions Pupils' medical needs may be broadly summarized as being of two types: Short-term affecting their participation in school activities because they are on a course of medication. Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

2. Roles and responsibilities

The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.

- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy, including in emergency situations.
- Having overall responsibility for the development of Individual Healthcare Plans.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.
- Organising another appropriately trained individual to take over the role of administering medication in case of staff absence.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs, and keeping the school informed about any changes to their child's health.
- Being involved in the development and review of their child's Individual Healthcare Plan (IHP), and carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

- Completing an administering medication parental consent form prior to them or their child bringing any medication into school.
- Discussing medication with their child prior to requesting that a staff member administers the medication.

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

All staff are responsible for:

- Adhering to this policy and supporting pupils to do so.
- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with another member of staff.

3. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school will contact the school nursing team. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in the IHPs section of this policy).

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place as soon as possible, ideally within two weeks.

4. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training, this may be provided by a health care professional, school nurse or parents/carers or through recommended online training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be discussed with the school nurse through the development and review of IHPs.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions, and advice will be taken from the school nurse regarding basic training on the administering of medication to ensure that if exceptional circumstances arise where there is no designated administrator of medicines available, pupils can still receive their medication from a trained member of staff. The Headteacher will also ensure that a sufficient number of staff have been trained in administering medication in an emergency by a healthcare professional. Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken. School will take advice from the school nurse to identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training may be provided by the following bodies:

- Commercial training provider, both face to face and on-line;
- The school nurse;
- GP consultant;
- The parents of pupils with medical conditions.

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer. The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

5. Supply teachers

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements (see Appendix).

6. Individual Healthcare Plans IHPs

Individual Health Care Plans will be written and reviewed by the School Nurse/ relevant medical professional or SENCo but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school. Individual Healthcare Plans will help to ensure that the 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, health care professional and Parents/Carers should agree, based on evidence, when a Health Care 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.

Individual Health Care 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 plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.

Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENCo) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will ensure that Individual Health Care 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 the School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

The Individual Health Care Plan should include:

- 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

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons,
- 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/Carers and the 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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the Parents/Carers or child, the designated individuals 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 Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

7. Managing medicines

Non-Prescription medicines

Non-prescribed medications will not be administered in school, This includes medicines such as:

- Paracetamol and similar analgesics
- Throat Lozenges including Strepsils and 'cough sweets' such as Tunes or Locketts
- Bonjella

Prescription medicines

N.B Medicines will not be accepted for short illnesses when it would be in the child's best interest to remain at home to recover from the illness.

Medicines will only be accepted when essential: that is where it would be detrimental to a child or young person's health if the medicine were not administered during the school's 'day'. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Each item of medication must be delivered to the Headteacher or School Office in a secure and labelled container as originally dispensed. It may be appropriate for the GP to prescribe a separate amount of medication for the Schools use. Where this is appropriate, this will be negotiated with the parent.

Items of medication in unlabelled containers should be returned to the parent. The school will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the school's hours. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending school and at bedtime.

Medication will never be accepted if it has been repackaged or relabelled by parents.

Long Term Medical Needs

It is important to have sufficient information about the medical condition of any child or young person with long-term medical needs.

If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2014 the Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions individual health care plans will normally specify the type and level of support required to meet the medical needs of such pupils. Where children and young people also have SEN their provision should be planned and delivered in a coordinated way with the health care plan schools are required to have regard to statutory guidance. "Supporting pupils at school with medical conditions."

School will work with parents and relevant health professionals to develop a written health care plan for such children and young people.

Storing Medication

- Large volumes of medicines will not be stored;
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child or young person;
- Medicines should be stored in a lockable fridge strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration; as dispensed by a pharmacist in accordance with the prescriber's instructions;

- Where a child or young person needs two or more prescribed medicines; each should be kept in a separate container;
- Staff should never transfer medicines from their original containers;
- Children and young people should know where their own medicines are stored. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to the child or young person and should not be locked away;
- Other non-emergency medicines should will be kept in the medical cupboard;
- Where medicines need to be refrigerated. They can be kept in the office refrigerator.

Access to these areas is restricted to adults only or children who are supervised, no food products should be in the same refrigerator as medicines.

Access to medicines

If there are children and young people who need to have immediate access to their medicines when required. The school will take advice from health care professionals through the development of the care plan and ensure that medication is accessible but out of reach of other children.

Disposal of medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal or returned to the parent/carer.

8. Administering medication

Self-administration

It is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of and be responsible for their own medicines would vary. As children grow and develop, they should be encouraged to participate in decisions about their medicines.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be considered when planning transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage. Health professionals need to assess, with parents and young people, the appropriate time to make this transition. The school will work with health professionals, parents and young people to support self-administration where this is agreed to be appropriate. In these circumstances, parents will be required to complete the appropriate form.

Administering Medication

No child or young person under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container;
- Prescribed dose;
- Expiry date;
- Written instructions provided by the prescriber on the label or container and within the medication packaging

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional. Staff must complete and sign a record each time they give medicine to a child or young person. Good records help demonstrate that staff have exercised a duty of care.

- **Only medication prescribed by a doctor, or authorised health care worker, will be administered in school.**

- Only members of staff that have been trained and authorised by the Headteacher may supervise and administer medication. In emergency, the Headteacher will make appropriate alternative arrangements. In some circumstances, as determined by the Headteacher, a child's parents or qualified, specialist, nursing staff may be asked to visit school to administer the medication.
- The medicine should be brought to school, preferably by the parent, with clear written instructions for administration, giving the name of the pupil. Glass containers are unsuitable to be carried by pupils.

Note:

It is not practicable to bring one measured dose of a liquid medicine; adhesion of the liquid to the container results in the dose being less than sufficient.

GPs are able to prescribe antibiotics that do not need to be administered in doses that happen during the school day.

- If parents have explored other options but still request school staff to administer medicines they should complete a **Parental agreement to administer prescribed medicine form. This form must be in school with the medicine before medicines are administered.**

- **Medicines must be delivered to a member of the School Office or Headteacher** and stored safely as per procedure.

- **The medicine should be self-administered if possible, under the supervision of an adult.** This may be any adult acting with the Head's authority.

- **Medication must be sent into school in its original container.**

- Medication will be kept safely according to the instructions on its container. Where medication needs to be kept in a refrigerator the Headteacher will decide how it is to be stored.

- If medicines are administered a note should be made on the pupil record sheet held in the Administration of Medicines file stored in office refrigerator.

- **It is the right of any professional to refuse to administer medicines.** Please tell the Head if you decide to do so.

Under no circumstances will any medication be administered without the agreement of the Head Teacher, or the office staff, and the written, signed instructions from the parent or carer.

9. Educational Visits

It is essential that when planning an educational visit, that all reasonable steps have been taken and reasonable adjustments made to try and ensure the visit is accessible to children and young people with disabilities and/or medical needs. Schools must also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs. All school visits are planned in accordance with Lancashire County Council policy and procedures. In respect of individual cases where there are concerns, the school will seek advice from the appropriate technical adviser on 01772 532805. The school will also ensure that:

- The proposed visit is discussed and with the parents and (wherever possible) the child or young person as early as possible.
- The risk assessment covers the specific issues of the child or young person, including the management of prescription medicines during the visit. Where appropriate, reasonable adjustments will be made and alternative activities considered.
- The staff and volunteers on the visit are fully briefed and particularly if there are any adjustments to the programme for the child(ren) that have any SEN or medical needs.

10. Emergency Procedures

As part of general risk management processes the school has arrangements in place for dealing with emergency situations.

- Children and young people tell a member of staff;
- Staff must always inform a senior staff member of an emergency situation;
- Staff must know how to call the emergency services (see appendix for guidance on calling an ambulance) A member of staff will always accompany a child or young person taken to hospital by ambulance, and will stay until the parent arrives. At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.
- Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- Individual Health Care Plans must include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.
- Signed consent forms and emergency care plans are in the staffroom
- The school has an emergency inhaler / consent forms in the staff room.

11.Unacceptable Practice

As a school we are very supportive of children with medical needs and the staff that work with them. Whilst we treat each child as an individual and plan accordingly there are some practices that should not allowed within this policy. This is an example of some of those practices:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignoring the views of the child or their parents.
- ignoring medical evidence or opinion (although open to challenge)
- sending children with medical conditions home frequently or preventing them from staying for normal school activities unless specified in their IHCP
- sending the child to the school office when unwell unaccompanied or accompanied by someone unsuitable
- penalize children for their attendance if the absences are related to their medical condition
- preventing children from drinking, eating or taking breaks (including bathroom) whenever they need to in order to manage their condition effectively
- requiring parents to attend school to administer medication or provide medical support for their child. No parent should have to give up working because the school is failing to meet their child's medical needs
- preventing children from participating in any aspect of school life (creating barriers). This includes school trips and an example would be requiring parents to accompany the child

12. Defibrillators

The school has a defibrillator (AED). The AED is currently held within the school premises (school office).

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed 3 yearly.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use. The emergency services will always be called where an AED is used or requires using. Paediatric pads are supplied within the unit for pupils under the age of eight.

13.Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with Zurich Municipal (Employers' Liability) see Appendix I for current policy. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

School staff are covered under the County Council's insurance arrangements when required to administer emergency first aid/medicines/over the counter medicines. Medical procedures and guidance should be followed at all times.

Information relating to Medicine Safety and other health related topics is available on the Schools Portal

https://schoolsportal.lancsngfl.ac.uk/view_sp.asp?siteid=6370&pageid=46673&e=e

14.Complaints

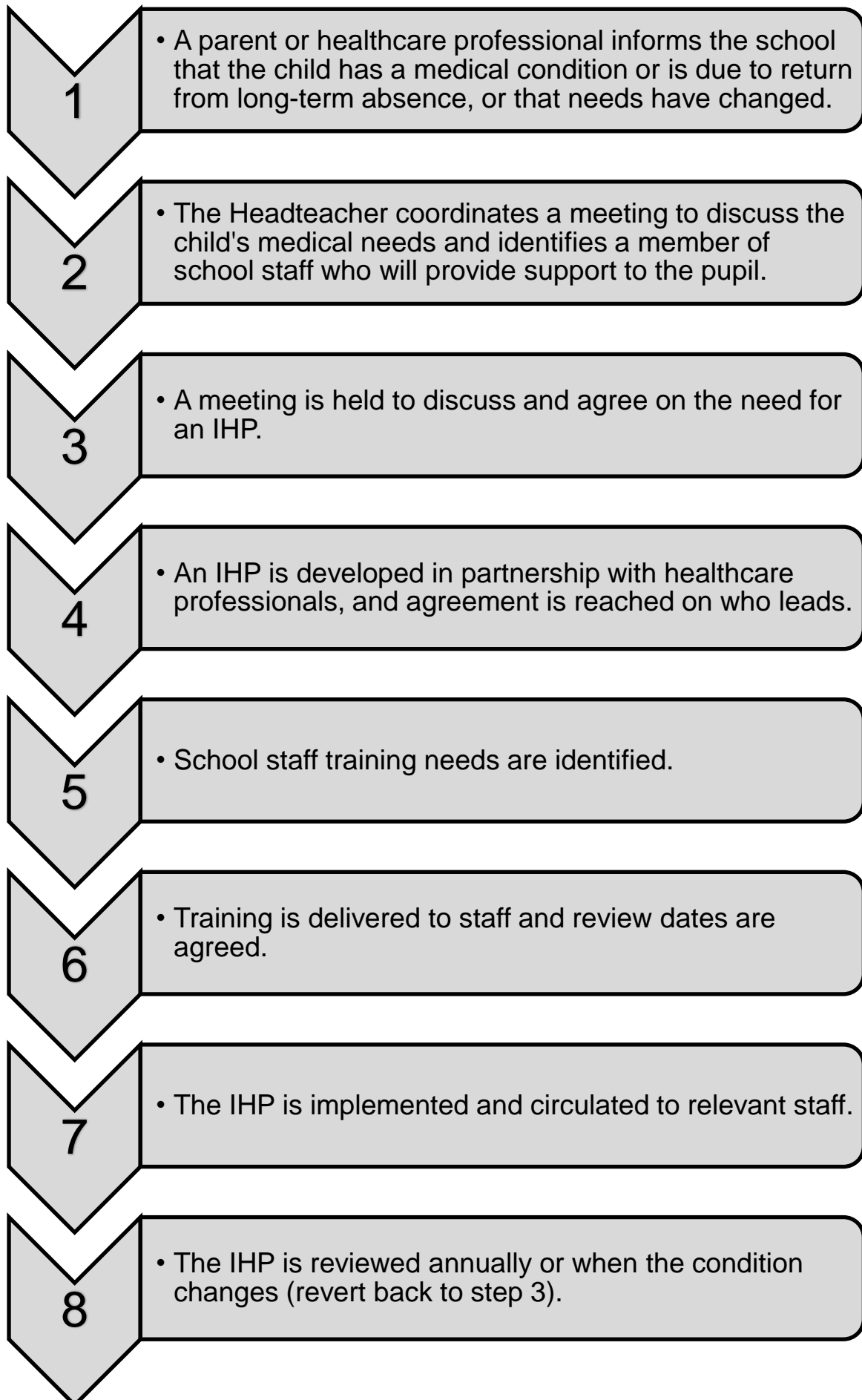
Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

15.Monitoring and review

This policy is reviewed on an annual basis by the Governing Board and Headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Appendix A: Individual Healthcare Plan Implementation Procedure



Appendix B: Individual Healthcare Plan

Pupil's name:	
Group/class/form:	
Date of birth:	
Pupil's address:	
Medical diagnosis or condition:	
Date:	
Review date:	
Family contact information	
Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	
Clinic/hospital contact	
Name:	
Phone number:	

Child's GP

Name:

Phone number:

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:

Daily care requirements:

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

Arrangements for school visits and trips:

Other information:

--

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

--

Responsible person in an emergency (state if different for off-site activities):

--

Plan developed with:

--

Staff training needed or undertaken – who, what, when:

--

Form copied to:

--

Appendix C: Parental Agreement for the School to Administer Medicine

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

Administration of medication form

Date:

Name of child:

Date of birth:

Class:

Medical condition or illness:

Medicine

Name and/or type of medicine
(as described on the container):

Expiry date:

Dosage and method:

Timing:

Special precautions and/or other
instructions:

Any side effects that the school needs to
know about:

Self-administration – Yes/No:

Procedures to take in an emergency:

NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name:

Daytime telephone number:

Relationship to child:

Address:

I will personally deliver the medicine to:

**Mrs J Pullin, School Office, or to
Mrs J Owen (Headteacher) or another person
nominated by school.**

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

Signature _____

Date _____

Record of Medicine Administered to an Individual Pupil

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

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Appendix D: Record of All Medicine Administered to Pupils

[illegible]

Appendix E: Staff Training Record – Administration of Medication

Name of school:

Name of staff member:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date:

Appendix F: Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: **01254 830700**
- Your name.
- Your location as follows: **Brinscall St John's CE/Methodist Primary School, Harbour Lane, Brinscall, Chorley. At the junction of Harbour Lane and School Lane.**
- The postcode: **PR6 8PT**
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.

Appendix G: Letter Inviting Parents to Contribute to IHP Development

Developing an individual healthcare plan (IHP) for your child

Dear parent,

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Healthcare Plan (IHP) to be prepared, setting out what support each pupil needs and how this will be provided. IHPs are developed in partnership with the school, parents, pupils (where appropriate), and the relevant healthcare professionals who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although IHPs are likely to be helpful in the majority of cases, it is possible that not all pupils will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within IHPs will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's IHP has been scheduled for XXXX. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the Headteacher), a relevant healthcare professional and the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached IHP template and return it to the school office, together with any relevant evidence, for consideration at the meeting.

I would be happy for you contact me via our school office (bursar@brinscall.lancs.sch.uk) or 01254 830700 if this would be helpful.

Yours sincerely,

Appendix H: Incident Reporting Form

Date of incident	Time of incident	Place of incident	Name of ill or injured person	Details of the illness or injury	Was first-aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first-aider

Appendix I: School Insurance

School's current insurance policy and arrangements through Lancashire County Council, underwritten by Zurich are indicated below. Sight of an up to date copy may be requested from the school office. School staff are covered under the County Council's insurance arrangements when required to administer emergency first aid/medicines/over the counter medicines. Medical procedures and guidance should be followed at all times.

Information relating to Medicine Safety and other health related topics are available on the Schools Portal

https://schoolsportal.lancsngfl.ac.uk/view_sp.asp?siteid=6370&pageid=46673&e=e



Certificate of Employers' Liability Insurance (a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 2008 (the Regulations), a copy of this certificate must be displayed at all places where you employ persons covered by the policy or an electronic copy of the certificate must be retained and be reasonably accessible to each employee to whom it relates).

Policy Number	QLA-07AA01-0053
1. Name of policyholder	Lancashire County Council
2. Date of commencement of insurance policy	01 June 2024
3. Date of expiry of insurance policy	31 May 2025

We hereby certify that subject to paragraph 2:

1. The policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey and the Island of Alderney (b).
2. (a) the minimum amount of cover provided by this policy is no less than £5 million (c).

Signed on behalf of Zurich Insurance Company Ltd (Authorised Insurer)

A handwritten signature in black ink, appearing to read 'Tim Bailey'.

Tim Bailey
Chief Executive Officer of Zurich Insurance Company Ltd, UK Branch

Notes

- (a) Where the employer is a company to which regulation 3(2) of the Regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- (b) Specify applicable law as provided for in regulation 4(6) of the Regulations.
- (c) See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

Zurich Municipal is a trading name of Zurich Insurance Company Ltd. A public limited company incorporated in Switzerland. Registered in the Canton of Zurich, No. CHE-105.833.114, registered offices at Mythenquai 2, 8002 Zurich, UK Branch registered in England and Wales no BR000105, UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ. Zurich Insurance Company Ltd is authorised and regulated in Switzerland by the Swiss Financial Market Supervisory Authority FINMA. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Our firm reference number is 959113.

MCSH0A06 (01/23)

Your Zurich Municipal Insurance

Our Reference MA/IND
Policy Number QLA-07AA01-0053
Customer Name Lancashire County Council

To Whom It May Concern

This is to confirm that Lancashire County Council have in force with this Company until the policy expiry on 31 May 2023 Insurance incorporating the following essential features:

Limit of Indemnity		
Public Liability	£50,000,000	any one event
Pollution/Products Liability	£50,000,000	for all claims in the aggregate during any one period of insurance any one event inclusive of costs
Employers' Liability	£50,000,000	any one event inclusive of costs
Excess		
Public Liability/Products Liability/ Pollution	£1,000,000	any one event
Employers' Liability	£1,000,000	any one event
Indemnity to Principals	Covers include a standard Indemnity to Principals Clause in respect of contractual obligations.	
Full Policy	The policy documents should be referred to for details of full cover.	

Yours sincerely



Zurich Municipal

Contact Details

Call us on
0800 232 1927

We may record or monitor calls to improve our service.

Email us at
mark.dungay@uk.zurich.com

Visit us at
www.zurich.co.uk/municipal

Write to us at
Zurich Insurance plc
Zurich House
1 Gladiator Way
Farnborough
GU14 6QB