KINGS HILL SCHOOL
PRIMARY & NURSERY

Kings Hill School
Primary and Nursery

Supporting Pupils with Medical Conditions and Intimate Care Policy

Date of Policy: November 2025

Date of Review: November 2026

Kings Hill School Primary and Nursery

SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

This policy is written in line with the requirements of:-

Children and Families Act 2014 - section 100
Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
0-25 SEND Code of Practice, DfE 2014
Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
Equalities Act 2010
Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies
Inclusion Policy
SEND Policy
Safeguarding Policy,
Complaints Policy
Single Equality Scheme

This policy was developed using a process that involved parents/carers of pupils with medical conditions, representatives from the governing body, healthcare professionals and parent teacher association representatives and will be reviewed annually.

Definition of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school because they are in treatment, accessing an intervention and/or on a course of medication.
Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring, preventative care and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical health needs and that pupils feel safe.

It is important that short and long-term care is provided in a non-stigmatising way wherever possible. For example, agreed subtle communication queues about medical health needs between pupils and staff.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010 i.e. to make 'reasonable adjustments' to make sure disabled students are not discriminated against. The duty to make reasonable adjustments in education is 'anticipatory'. This means schools must consider in advance what they need to do to make sure all disabled pupils can access and participate in the education and other benefits, facilities and services they provide for their pupils.

Some may also have special educational needs and disabilities (SEND) and may have an Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy and the individual healthcare plan will become part of the EHCP.

The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Kings Hill School Primary and Nursery fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;

- Ensuring that where children and young people also have SEND, their provision is planned and delivered in a co-ordinated way with the healthcare plan.

- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical health needs impacts on their school life;

- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical health needs, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;

- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical health needs have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;

- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;

- Developing a policy for supporting pupils with medical health needs that is reviewed regularly and accessible to parents and school staff (this policy);

- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);

- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical health need (see section below on

procedure to be followed when notifications are received that a pupil has a medical health need);

- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical health needs (see section below on individual healthcare plans);

- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical health needs and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);

- Ensuring that the school policy names the Emotional Wellbeing and Mental Health school lead, the school contact for School Health and the member of the governing body or sub-committee with specific oversight of the school's arrangements for SEND;

- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);

- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);

- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);

- Ensuring that robust risk assessments are completed, and appropriate arrangements are clear and unambiguous to actively support pupils with medical health needs to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);

- Considering:
    - developing transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
    - purchasing and training staff in the use of defibrillators
    - anaphylaxis – preventative approaches e.g. nut free school and access to medication
    - holding asthma inhalers for emergency use; Guidance on the use of emergency salbutamol inhalers in schools

- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);

- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);

- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical health needs (see section on complaints).

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. A member of the governing body or a sub-committee must have specific oversight of the school's arrangements for SEND.

The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained, including paediatric and school first aiders, and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The class teachers, TAs and office staff will be responsible for briefing supply teachers, supporting the Educational Visits Co-ordinator/ group leaders with the preparation of risk assessments for school visits and other school activities outside of the normal timetable.

The office staff will have overall responsibility, in conjunction with parents/carers, for drawing up, implementing and keeping under review the ~~updating~~ Individual Healthcare plans for each pupil, and making sure relevant staff are aware of these plans as well as updating the medical board. The office staff will also update information electronically using SIMS. The school office will be responsible for updating Individual Healthcare plans of complex children- e.g. those with diabetes, incontinence, epilepsy and chronic health conditions.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Kings Hill School Primary & Nursery for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In cases, such as a new diagnosis or a child moving to Kings Hill School Primary & Nursery mid-term, we will make sure no child is prevented from attending school because arrangements for supporting medical condition have not been put in place.

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

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Kings Hill School Primary & Nursery does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the SENDCO and following these discussions an Individual Healthcare Plan will be written in conjunction with the parent/carers, and be put in place.

Individual Healthcare Plans

Individual Healthcare Plans are not the same as Education, Health and Care (EHC) Plans which set out the support needed by children with SEND, although some children may have both types of plan. As stated below where the child has an EHCP the Individual Healthcare Plan should be linked to or become part of the EHC Plan.

Individual Healthcare Plans are in the school office and are easily accessible to all staff. A request is sent to parents each September to provide us with any updates or changes. Individual Healthcare Plans will help to ensure that Kings Hill School Primary & Nursery effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare

plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual Healthcare Plans of complex pupils (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Kings Hill School Primary & Nursery should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Individual Healthcare Plans will give detail of any intimate care requirements and will be signed by parents and staff. Only staff named on the Individual Healthcare Plan will be responsible for intimate care and parents will sign to confirm they are happy for this to take place. Intimate care will only take place in the Year 1 adapted cubicle, disabled or Nursery Class toilet where the correct equipment is located, including a clinical waste bin for the disposal of sanitary waste and wipes. Staff will ensure the privacy of the child at all times and this therefore means the member of staff will be alone administering the intimate care policy. Parents will be made aware of this during the Health Care Plan agreement stage.

Kings Hill School Primary & Nursery will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template A provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

- The medical condition, its triggers, signs, symptoms and treatments;

- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to

food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;

- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

- 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;

- All medication brought into school will come via the school office, who will take responsibility for ensuring the completion of template B by the parent and the distribution of medication. Office staff will ensure medicines are locked away in the appropriate medicine cabinet or fridge and that all medication is sent home termly.

- Arrangements for written permission from parents/carer and the Headteacher, for medication to be administered by a member of staff, or self-administered by the pupil during school hours; when any type of medication is administered it will be checked by two members of staff and recorded for our records using the template below (d). This includes self-medication e.g. inhalers, which should be done under adult supervision. If an asthma inhaler or epipen is needed in an emergency situation, the pump or pen may be used immediately and the staff member can complete the signature/s afterwards and inform another member of staff.

- Any medication in school must have a doctor’s prescription label on it which clearly states the dose and the child’s name. Staff can only administer the dose stated. Staff can only give medication when parents have filled in template B. Exceptions to this include over the counter medication such as Calpol and Piriton, which can be administered with parental permission for short periods of time, after which they will be returned home. Only children with an individual healthcare plan stating long-term use of over the counter medication will be able to store them at school indefinitely.

- Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed. A telephone call will be made by the school office, prior to administering medicines, except in the case of an emergency. If the school is

unable to contact parents by phone, a member of SLT will make a decision as to whether to administer or not.

- Staff will not administer medicines that requires them to touch the child- e.g. sun cream, lotions, gels etc.

- Staff will ensure that a radio is with them at all times when they are out of the building.

- Staff will wear a First Aid Bum Bag during all PE and outdoor activities which will include a radio, inhalers, epipens, blood glucose monitoring equipment and any other emergency medication and equipment relevant to their class.

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessment;

- Any After School Clubs provided by the school will ensure they have an up to date list of medical needs of the children attending from the School Office and parents are responsible for ensuring that they let the adult responsible for the club know of any medical condition. The staff members will adhere to the policy for administering medicines. Asthma pumps and epipens will be kept in the classroom cupboards easily accessible and it is the responsibility of the club to have a current list of pupils and what class they are from to ensure they know where to collect the item from. After School Clubs should send consent forms when commencing a club asking parents to inform the club of any medical needs and give parents the option of providing an additional pump for use at the club.

- Any external clubs must follow their own medical policies as they are hirers of the school and do not necessarily follow school policies. Parents should ensure they are satisfied with any medical arrangements before giving consent for their child to attend an external club. All responsibility lies with the External Provider and not with the School.

- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; is at the discretion of the Headteacher.

- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Intimate care (Nappy Changing)

Kings Hill School Primary & Nursery provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained.

Individual intimate care plans will give details of any intimate care required (e.g. regular nappy changing) by children. Staff will ensure the privacy of the child at all times and this therefore could mean that the member of staff will be alone whilst nappy changing. Parents will sign to confirm they are happy for this to take place (see template f). The member of staff changing nappies will complete the log detailed in template g.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

We have a list of personalised changing times for the children who are in nappies or 'pull-ups'; and change nappies according to this schedule, or more frequently where necessary. We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree.

Our staff put on gloves and aprons before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child. All our staff are familiar with our hygiene procedures and carry these out when changing nappies.

We ensure that nappy changing is relaxed and a time to promote independence in young children. We encourage children to wash their hands, and have soap and towels to hand.

We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect.

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different members of staff at Kings Hill School Primary & Nursery.

In addition, **the health professional involved in their care** can support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Children's community health teams i.e. Children's Community Nursing teams which includes specialist practitioners for asthma, epilepsy or diabetes, may be able to provide support, and training to staff, for children with particular needs.
School Health provide virtual generic awareness updates for Asthma, Epilepsy and Anaphylaxis, the service is not notified when an individual child is identified as having medical condition requiring support in school. Schools can contact the service directly.

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about

their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

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

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs. The local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) education for children with health needs who cannot attend school

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

The Integrated Care Board (ICB) commission healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and the IBC to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the healthcare professional during the development or review of the

individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans) unless in an emergency. A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Headteacher, will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the first aid cupboard/classroom cupboards/staff room ensure that the safeguarding of other children is not compromised. The school does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. If a child does self-medicate, a log of this will be kept on Template D, which is stored inside the teachers' cupboard in the classroom.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

At Kings Hill School Primary & Nursery the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;

- No child under 16 should be given prescription or non-prescription medicines without their parents written consent (see template B) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;

- Any medication in school must have a doctor's prescription label on it which clearly states the dose and the child's name. Staff can only administer the dose stated. Staff can only give medication when parents have filled in template b. Exceptions to this include over the counter medication such as Calpol and Piriton, which can be administered with parental permission for short periods of time, after which they will be returned home. Only children with an individual healthcare plan stating long-term use of over the counter medication will be able to store them at school indefinitely.

- Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents will be informed. A telephone call will be made by the school office, prior to administering medicines, except in the case of an emergency. If the school is unable to contact parents by phone, a member of SLT will make a decision as to whether to administer or not.

- When administered it will be checked by two members of staff and recorded for our records on Template D.

- If staff regularly administer medicine to one particular child, as detailed in the child's individual healthcare plan, Template C will be completed rather than Template D.

- If medication is mislaid or given in the incorrect dose, a member of staff will notify SLT immediately who will then inform parents and seek medical advice.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

- Kings Hill School Primary & Nursery will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather that its original container;

- All medicines to be administered by staff will be stored safely in the lockable Medicine Cabinets located in the classroom cupboard, unless needs to be stored in the fridge. Children should know where their medicines are at all times and be able to access them immediately under the supervision of an adult member of staff. Where relevant, they should know who holds the key to the storage facility i.e. Class Teacher/ Teaching Assistant.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available and kept on the adult's person at all times in the school First Aid bum bag if the adult is working with a child on a 1:1 basis with medical needs. If there is no requirement to have the equipment on their person, items should be readily available in the cupboards in the classroom. During any time outside of the classroom- e.g. lunch time, school trips etc, the bum bag must be worn at all times.

- During school trips, the first aid trained member of staff will carry all medical devices and medicines required.

- During lunchtime, MDMS will carry pictures of children with an Epipen on their person to ensure they can quickly ascertain who it is and where the epipen is kept.

- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;

- Staff administering medicines should do so in accordance with the prescriber's instructions. Kings Hill School will keep a record (see Templates C and D) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;

- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

- **Medicines will be sent home at the end of each term** in order that parents can review supply, ensure that all medicines are current, appropriate and in date. It is the parents' responsibility to supply appropriate medication for school use.

Emergency procedures

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

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Staff should not wait for two members of staff to be present to record that the medicine has been taken in an emergency situation or when an asthma pump is needed.

If medicine goes missing including prescribed, non-prescribed and devices such as blood glucose testing meters, epi-pens and inhalers, the member of staff must inform Senior Leadership immediately so that a risk assessment can be carried out and parents informed. Medical advice must be obtained in an emergency.

Day trips, residential visits and sporting activities

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

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

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

The school has accessed high needs funding to purchase a Defibrillator for the school site. Training has taken place with specific staff in each area of the school.

Asthma inhalers are held on site for emergency use.

Unacceptable practice

Although staff at Kings Hill School Primary & Nursery should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

- Assume that every child with the same condition requires the same treatment;

- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);

- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

- If the child becomes ill, send them to the school office or medical room unaccompanied or without someone suitable;

- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;

- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;

- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication unless it requires physical contact between staff and pupil e.g. creams and lotions or provide medical support to their child, including with toileting issues. No parent should have to give up working or have caring responsibilities impacted because the school is failing to support their child's medical needs; or

- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

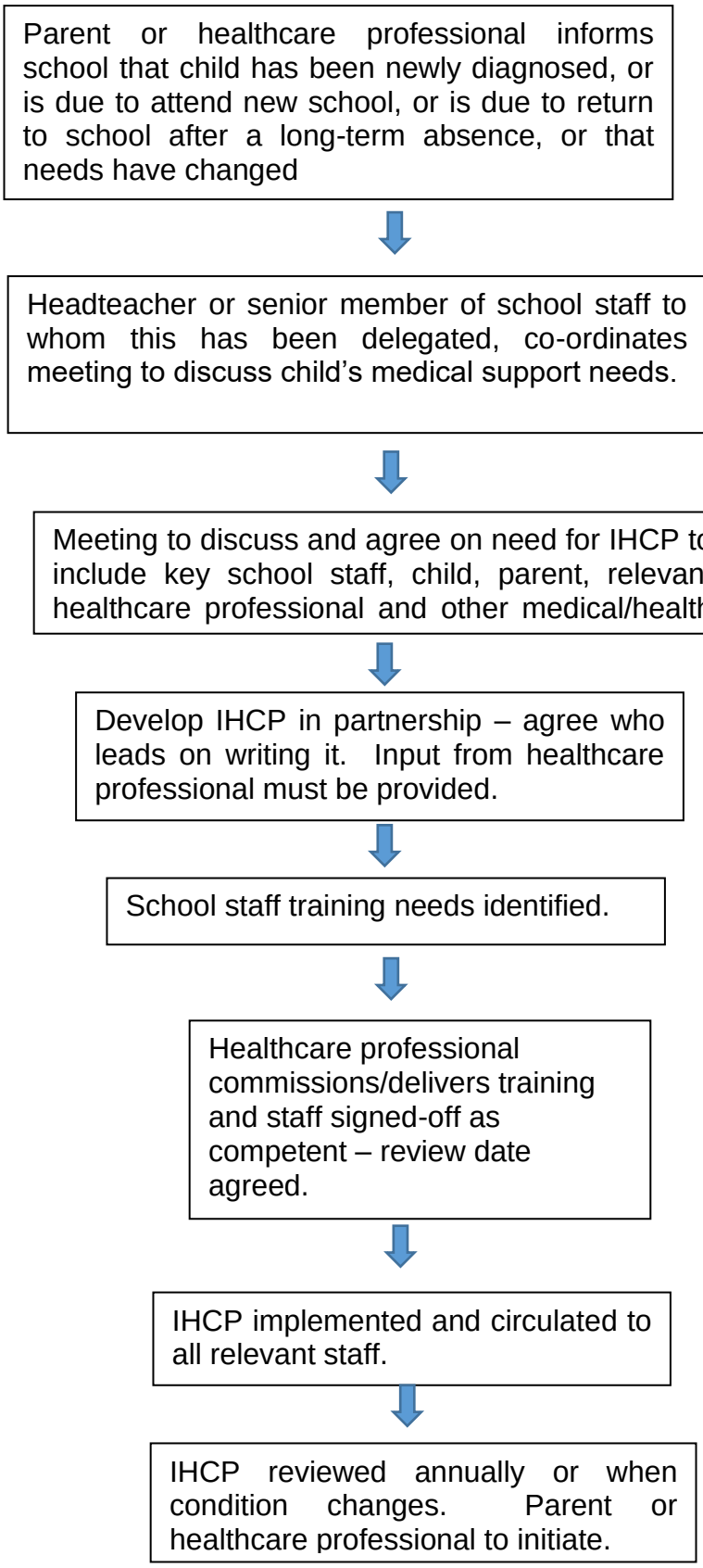
Liability and indemnity

Details of insurance cover and provider are available from the Head Teacher.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at Kings Hill School Primary and Nursery, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Kings Hill's Complaints Procedure.

Annex A: Model process for developing individual healthcare plans



Template A - Individual healthcare plan

Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

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

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

Name of member(s) of staff with permission to administer medicines

Storage of medicines and equipment (see policy) :

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs (including loss of medication and overdose)

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Signature:_____ Date:_____

Template B - Parental agreement for setting to administer medicines

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

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

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature (s): _____ Date:_____

Template C – Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent_____

Date						
Time given						
Dose given						
Name of member of staff						
Staff initials						
Note any changes						

Date						
Time given						
Dose given						
Name of member of staff						
Staff initials						
Note any changes						

C: Record of medicine administered to an individual child (Continued)

Date						
Time given						
Dose given						
Name of member of staff						
Staff initials						
Note any changes						

Date						
Time given						
Dose given						
Name of member of staff						
Staff initials						
Note any changes						

Date						
Time given						
Dose given						
Name of member of staff						
Staff initials						
Note any changes						

Date						
Time given						
Dose given						
Name of member of staff						
Staff initials						
Note any changes						

Kings Hill Primary School
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Template D: record of medicine administered to all children

DO NOT GIVE ANY MEDICATION WITHOUT TWO MEMBERS OF STAFF SIGNING

Date	Child's Name	Time	Name of medicine	Dose given	Any reactions	Signatures of staff		Print Name

Template E - Parental agreement for setting to administer medicines

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

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F- Parental agreement for setting to support with intimate care

If a child wets or soils themselves whilst they are in school, it is important that measures are taken to have them changed and if necessary cleaned as quickly as possible

The Intimate Care Policy (above) will be followed by all staff.

Please tick as appropriate;

☐ I give consent for my child to be changed and cleaned if they wet/soil themselves whilst in the care of Kings Hill School Nursery.

☐ I give consent for my child's nappy to be changed whilst in the care of Kings Hill School Nursery.

☐ I understand that staff will ensure the privacy of the child at all times and this therefore could mean that the member of staff will be alone whilst nappy changing/carrying out intimate care.

Name of Child.....

Signature of Parent/Carer..... Date…….

Template G- Staff log of administering intimate care

Date and Time	Name of Child	Name of staff member	Details (change of clothes, soiled nappy, wet nappy etc)