

Healthcare, First Aid and Administration of Medicines Policy

Policy Type: Statutory
Issue Date: 1st October 2026
To Be Reviewed: 1st October 2027
Approved by: Board of Trustees
Policy Owner: Dan York

Glossary of Abbreviations and Acronyms used in this Policy

Abbreviation/Acronym	Meaning
DfE	Department for Education
SEND	Special Educational Needs and Disability
AED	Automated External Defibrillator
UKHSA	UK Health Security Agency
HCS	Healthcare Staff
AAIs	Adrenaline Auto-Injectors
SLT	Senior Leadership Team
SENDCo	Special Educational Needs and Disability Coordinator
EHCP	Education, Health and Care Plan
IHPs	Individual Healthcare Plans
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
CPR	Cardiopulmonary Resuscitation

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1. Introduction

1.1. This policy on healthcare, including first aid and managing medicines, takes into account guidance, both statutory and non-statutory, outlined in the following:

- 1.1.1. Supporting Pupils at School with Medical Conditions: Statutory Guidance (DfE, December 2015)
- 1.1.2. Children and Families Act 2014
- 1.1.3. Education Act 2002
- 1.1.4. Children Act 1989 and 2004
- 1.1.5. Equality Act 2010
- 1.1.6. Health and Safety at Work Act 1974
- 1.1.7. Misuse of Drugs Regulations 2001
- 1.1.8. The School Premises (England) Regulations 2012 (Regulation 5)
- 1.1.9. The Family Law Reform Act 1969
- 1.1.10. Human Medicines (Amendment) Regulations 2017
- 1.1.11. Guidance on the use of adrenaline auto-injectors in schools (DfE, 2017)
- 1.1.12. Automated External Defibrillators (AEDs): A guide for schools (DfE, updated January 2025)
- 1.1.13. Health protection in children and young people settings (UKHSA, updated March 2025)
- 1.1.14. Special Educational Needs and Disability (SEND) Code of Practice (2015)
- 1.1.15. Supporting Children and Young People with Medical Conditions and Allergy (DfE) – the updated statutory guidance issued under section 100 of the Children and Families Act 2014, which replaces Supporting Pupils at School with Medical Conditions (DfE, 2015). The trust will have regard to this guidance as it comes into force and will keep this policy under review accordingly
- 1.1.16. First Aid in Schools, Early Years and Further Education (DfE)
- 1.1.17. Early Years Foundation Stage (EYFS) Statutory Framework (DfE)
- 1.1.18. Schedule 19 of the Human Medicines Regulations 2012

1.2. This policy sets out to ensure that:

- 1.2.1. All staff are aware of this policy and understand their roles and responsibilities
- 1.2.2. All staff are clear about what to do in the event of a medical emergency
- 1.2.3. Everyone, including parents/carers, is clear about their respective roles and responsibilities
- 1.2.4. Pupils with medical conditions receive proper care and support whilst in school and during all school activities
- 1.2.5. Children with medical conditions are properly supported to enable full access to education, including school trips and physical education
- 1.2.6. First-aid trained staff and equipment are readily available
- 1.2.7. Medicines are handled responsibly and stored securely
- 1.2.8. Individual healthcare plans are in place for pupils who require them and are reviewed at least annually
- 1.2.9. Arrangements are in place to support pupils with both physical and mental health needs
- 1.2.10. The school works in partnership with parents, pupils, healthcare professionals and local authorities

2. Scope

2.1. This policy, and its associated procedures, apply to:

- 2.1.1. All employees at each school within the Orbis Education Trust
- 2.1.2. Governing bodies and proprietors
- 2.1.3. All activities taking place on school premises
- 2.1.4. All activities taking place off-site as part of normal educational activities, including school trips, visits and sporting events

3. Legal Framework and Statutory Duties

3.1. Section 100 of the Children and Families Act 2014 places a statutory duty on governing bodies of maintained schools and proprietors of academies to make arrangements for supporting pupils at their school with medical conditions.

3.2. The local governing body and proprietors must:

- 3.2.1. Make arrangements to support pupils with medical conditions by working cooperatively with healthcare professionals, parents and local authorities
- 3.2.2. Ensure pupils with medical conditions can access and enjoy the same opportunities as any other child
- 3.2.3. Have regard to statutory guidance when carrying out this duty
- 3.2.4. Ensure arrangements are sufficient to meet statutory responsibilities
- 3.2.5. Ensure policies, plans, procedures and systems are properly implemented
- 3.2.6. Comply with duties under the Equality Act 2010 not to discriminate against disabled children
- 3.2.7. Make reasonable adjustments to ensure disabled children are not at a substantial disadvantage
- 3.2.8. Not deny admission or prevent a child taking up a place in school because arrangements for their medical condition have not been made

4. Healthcare Provision and Parental Responsibilities

4.1. Parents and carers have the prime responsibility for their child's health and should provide the admissions team with full information about their child's medical needs:

- 4.1.1. On admission to the school
- 4.1.2. On an ongoing basis whenever their child's needs change
- 4.1.3. Before their child starts at a new school (arrangements should be in place for the start of the relevant school term)
- 4.1.4. For new diagnoses or children moving mid-term (every effort should be made to ensure arrangements are in place within two weeks)

4.2. This information should include:

- 4.2.1. Details of their child's medical condition including diagnosis information
- 4.2.2. Special requirements, including details and side-effects of medicines
- 4.2.3. What constitutes an emergency for their child

- 4.2.4. What to do (and what not to do) in such an emergency
- 4.2.5. Who to contact in the event of an emergency
- 4.2.6. Any triggers, signs, symptoms and treatments
- 4.2.7. Dietary requirements or environmental issues
- 4.2.8. Requirements for educational, social and emotional support

5. Medical Records and Information Sharing

5.1. The office/data and SEND team will:

- 5.1.1. Maintain accurate and up-to-date medical records for each pupil based on available medical evidence
- 5.1.2. Ensure information is appropriately shared with staff who need to know
- 5.1.3. Record relevant information on ARBOR, the school's management information system
- 5.1.4. Ensure confidentiality while making sure that staff who need to be aware of a child's condition have the necessary information
- 5.1.5. Work with the school nursing service to ensure effective information sharing

6. Consent for Young People Aged 16 and Over

6.1. In accordance with the Family Law Reform Act 1969:

- 6.1.1. "The consent of a minor who has attained the age of sixteen years to any surgical, medical or dental treatment which, in the absence of consent, would constitute a trespass to his person, shall be as effective as it would be if he were of full age; and where a minor has by virtue of this section given an effective consent to any treatment it shall not be necessary to obtain any consent for it from his parent or guardian."
- 6.1.2. This means that pupils aged 16 and over can give consent to their own medical treatment and are entitled to the same confidentiality as adults.

7. Roles and Responsibilities

7.1. The Headteachers will ensure that:

- 7.1.1. The school has sufficient trained first aiders
- 7.1.2. Sufficient staff are trained to support pupils with medical conditions, including administering medicines
- 7.1.3. Facilities are provided to administer medicines in a safe and appropriate environment
- 7.1.4. The school's policy is developed and effectively implemented ensuring no child with a medical condition is denied admission or prevented from taking up a place in school
- 7.1.5. All staff are aware of the policy and understand their role in its implementation
- 7.1.6. All staff who need to know are aware of children's medical conditions
- 7.1.7. Sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including in contingency and emergency situations
- 7.1.8. Staff are appropriately insured and aware of their insurance cover

7.1.9. The school contacts the school nursing service for any child with a medical condition requiring support

7.2. Southfield School

7.2.1. The Healthcare Staff (HCS) will:

- Maintain and communicate a list of staff trained and holding appropriate certification
- Provide appropriate training and guidance to those requiring it
- Communicate first aid arrangements to all staff
- Review and respond to data relating to accidents, incidents, medicines and healthcare plans
- Ensure suitable cover arrangements for staff absence or turnover
- Manage and maintain records of all significant accidents and incidents, both on and off the premises
- Maintain and communicate first aid box/bag locations
- Provide necessary equipment and facilities for first aid emergencies
- Manage the administration and storage of medicines in line with agreed procedures
- Be appropriately trained and available to respond to emergencies during the school day
- Manage medicines and maintain the medical boxes/bags situated around the school site
- Manage and distribute first aid packs for school trips and visits
- Provide pupils' medical information for trips and visits
- Check and replenish stored medication three times per academic year

7.3. Kingsthorpe College

7.3.1. Delegated responsibility to members of the Senior Leadership Team or designated first aiders will:

- Undertake the same responsibilities as listed above for the (HCS) at Southfield School

7.4. Hunsbury Park Primary School

7.4.1. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the pupil each time it is administered, as well as when the previous dose was taken. Regular medication that is stored in school will also have its expiration date added to Medical Tracker so staff are automatically alerted when it is close to expiring. This includes inhalers and Adrenaline Auto-Injectors (AAI).

7.4.2. Medication will be administered in a private, comfortable environment and as far as possible, in the same room as the medication is stored; this will normally be the first aid room. Before administering medication, the responsible member of staff should check:

- The pupil's identity
- That the school possesses written consent from a parent
- That the medication name, dosage and instructions for use match the details on the consent form
- That the name on the medication label is the name of the pupil being given the medication
- That the medication to be given is within its expiry date

- That the pupil has not already been given the medication within the accepted frequency of dosage

- 7.4.3. If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken. If a pupil cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil's parent, following advice from a healthcare professional.
- 7.4.4. Where appropriate, pupils will be encouraged to self-administer under the supervision of a staff member, provided that parental consent for this has been obtained. If a pupil refuses to take their medication, staff will not force them to do so but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.
- 7.4.5. The school will not be held responsible for any side effects that occur when medication is taken correctly. Medical tracker is to be used to record all medication administered to pupils, including the date and time that medication was administered and the name of the staff member responsible.

7.5. The SENDCo will:

- 7.5.1. Work closely with the (HCS) on medical issues relating to pupils
- 7.5.2. Monitor the process, record keeping and action in relation to healthcare plans
- 7.5.3. Liaise with the school nursing service for any pupil with a medical condition requiring support at school
- 7.5.4. Contact all new parents/carers with children who have a medical condition to ensure a smooth transition to the school
- 7.5.5. Work with parents to develop individual healthcare plans where appropriate
- 7.5.6. Ensure that healthcare plans are linked to or part of Education, Health and Care Plans (EHCP) where applicable

7.6. First Aiders will:

- 7.6.1. Act as first responders to any incidents
- 7.6.2. Assess the situation where there is an injured or ill person and provide immediate and appropriate treatment
- 7.6.3. Advise parents if medical treatment is needed
- 7.6.4. Call an ambulance if needed
- 7.6.5. Report serious injuries to the Health and Safety Director, who will determine if RIDDOR reporting is required
- 7.6.6. Report incidents to SLT as appropriate
- 7.6.7. Recommend that pupils are sent home to recover when necessary
- 7.6.8. Fill in an accident report on the same day, or as soon as is reasonably practicable, after an incident
- 7.6.9. Keep their contact details up to date
- 7.6.10. A list of our schools' first aiders is available upon request from the appropriate member of the senior leadership team. All first aiders are trained to carry out the role and their names are displayed in accessible locations around the school

7.7. Other members of school staff will:

- 7.7.1. Assist with healthcare provision as required, including during offsite trips, visits and events
- 7.7.2. Provide support to pupils with medical conditions when asked, including administering medicines, although they cannot be required to do so
- 7.7.3. Receive sufficient training and achieve the necessary level of competency before taking on responsibility to support children with medical conditions
- 7.7.4. Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- 7.7.5. Take into account the needs of pupils with medical conditions when teaching
- 7.7.6. **Note:** Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

7.8. Parents and carers, who have the prime responsibility for their child's health, will:

- 7.8.1. Ensure that they, or another nominated adult, are contactable at all times
- 7.8.2. Provide the school with sufficient and up-to-date information about their child's medical needs
- 7.8.3. Ensure that they carry out any action that they have agreed to, e.g. provide medicines and equipment
- 7.8.4. Complete a 'Parental Agreement for School to Administer Medicines' form when required
- 7.8.5. Be involved in the development and review of their child's individual healthcare plan
- 7.8.6. Inform the school immediately in writing if there is any change in dosage or frequency of medication
- 7.8.7. Inform the school if medication is to be stopped

7.9. Pupils with medical conditions will:

- 7.9.1. Provide information about how their condition affects them
- 7.9.2. Be fully involved in discussions about their medical support needs
- 7.9.3. Contribute as much as possible to the development of their individual healthcare plan
- 7.9.4. **Note:** Pupils over the age of 16 are able to provide consent without parental involvement, in accordance with the Family Law Reform Act 1969.

7.10. School Nurses will:

- 7.10.1. Liaise with the school to ensure access to school nursing services
- 7.10.2. Notify the school when a child has been identified as having a medical condition requiring support
- 7.10.3. Support staff on implementing individual healthcare plans
- 7.10.4. Provide advice and liaison, including on training needs
- 7.10.5. Liaise with lead clinicians on appropriate support for children

7.11. Ofsted will:

- 7.11.1. Consider how well a school meets the needs of its full range of pupils, including those with medical conditions

7.11.2. Inform key judgements by the progress and achievement of pupils with medical conditions alongside those with special educational needs and disabilities

8. Individual Healthcare Plans

8.1. Any pupil who has an Education, Health and Care Plan with a specific element relating to a health issue will have a Healthcare Plan agreed with parents/carers and relevant NHS Health Professionals

8.2. Individual healthcare plans:

8.2.1. Help ensure schools effectively support pupils with medical conditions

8.2.2. Provide clarity about what needs to be done, when and by whom

8.2.3. Are essential for conditions that fluctuate or where there is a high risk that emergency intervention will be needed

8.2.4. Are likely to be helpful in the majority of cases involving long-term and complex medical conditions

8.2.5. Should be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed

8.2.6. Should be developed with the child's best interests in mind

8.2.7. Should be easily accessible to all who need to refer to them, while preserving confidentiality

8.3. Development of Healthcare Plans

8.3.1. Healthcare plans should be drawn up in partnership between:

- The school
- Parents/carers
- A relevant healthcare professional (e.g. school nurse, specialist or children's community nurse, paediatrician)
- The pupil (where appropriate)
- The school has overall responsibility for ensuring the plan is finalised and implemented.

8.4. Content of Healthcare Plans

8.4.1. Healthcare plans should include:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage)
- Time, facilities, equipment, testing requirements
- Access to food and drink where this is used to manage their condition
- Dietary requirements and environmental issues
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Who will provide support, their training needs, and expectations of their role
- Confirmation of proficiency to provide support from a healthcare professional
- Cover arrangements for when staff are unavailable
- Who in the school needs to be aware of the child's condition

- Arrangements for written permission from parents and headteacher for medication administration
- Separate arrangements for school trips and activities outside normal timetable
- Where confidentiality issues are raised, the designated individuals to be entrusted with information
- What to do in an emergency, including whom to contact and contingency arrangements

9. Secure Medical Area and Safe Storage of Medication

9.1. Storage Arrangements

- 9.1.1. The school has secure storage for medication with adult supervision at all times
- 9.1.2. Medication will not be kept in a first aid container
- 9.1.3. Medication requiring refrigeration is kept in a locked fridge in the medical room
- 9.1.4. Emergency and non-emergency medication is kept in a storage cupboard (unless refrigeration required) in pupil reception, which is either manned or locked
- 9.1.5. Pupils who do not carry their own medication are made aware of where it is kept and understand the arrangements for accessing it
- 9.1.6. All pupils who may need to administer or have access to their medication have a labelled bag in which their medication is kept
- 9.1.7. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline autoinjectors are readily available to children and not locked away - this is particularly important during school trips
- 9.1.8. Adrenaline auto-injectors (AAI) are stored in labelled containers with a photograph, name and DOB of the pupil
- 9.1.9. The container also contains the protocol for administering the adrenaline auto-injectors
- 9.1.10. When necessary, medication is kept refrigerated and locked in the Medical Room
- 9.1.11. The pupil reception team keeps a record of stored medication and informs parents/carers when it needs to be replenished or replaced (due to expiry dates)
- 9.1.12. This check is done three times per academic year by the HCS

9.2. Controlled Drugs

- 9.2.1. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so (this must be acknowledged by the school)
- 9.2.2. Schools keep controlled drugs prescribed for a pupil securely stored in a non-portable container
- 9.2.3. Only named staff have access to controlled drugs
- 9.2.4. Controlled drugs are easily accessible in an emergency
- 9.2.5. A record is kept of any doses used and the amount held
- 9.2.6. Passing controlled drugs to another child is an offence and monitoring arrangements may be necessary
- 9.2.7. Safe disposal
- 9.2.8. Parents/carers are asked to collect out-of-date medication
- 9.2.9. Where out-of-date medication is not collected, it is taken to a local pharmacy for safe disposal

9.2.10. A sharps box is used for the collection of needles when required

9.2.11. The collection and disposal of sharps boxes is arranged through the LA's environmental services

10. Administration of Medicines

10.1. General Principles:

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

10.1.2. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent (except in exceptional circumstances)

10.1.3. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor

10.1.4. The administration of first aid at work does not include the giving of tablets or medicines, whether prescribed or not. The only exception is where aspirin may be administered as first aid to a casualty aged 16 or over who is suspected of having a heart attack; aspirin will never be given to a child under 16 unless it has been prescribed by a doctor

10.1.5. The administration of prescription-only medication specified in Schedule 19 of the Human Medicines Regulations 2012 should only be given by those trained to do so. Where a first aid needs assessment identifies that Schedule 19 medication may be required to be administered in an emergency, the school will consider providing first aiders with additional training so that they can recognise the relevant symptoms and condition and administer lifesaving medication in an emergency situation

10.1.6. Medication for pain relief should never be administered without first checking maximum dosages and when the previous dose was taken

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

10.1.8. Schools only accept prescribed medicines if these 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 still be in date but will generally be available inside an insulin pen or pump

10.1.9. Staff administering medicines should do so in accordance with the prescriber's instructions

11. Self-Management by Pupils

11.1. After discussion with parents (and where appropriate e.g. age related), children who are competent should be encouraged to take responsibility for managing their own medicines and procedures

11.2. This should be reflected within individual healthcare plans

11.3. Wherever possible, children should be allowed to carry their own medicines and relevant devices

- 11.4. Children should be able to access their medicines for self-medication quickly and easily
- 11.5. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision
- 11.6. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them
- 11.7. 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 and inform parents

12. Emergency medications

12.1. Adrenaline Auto-Injectors (AAI)

- 12.1.1. Under the Human Medicines (Amendment) Regulations 2017, schools can purchase AAI devices without a prescription for emergency use
- 12.1.2. AAI's held by schools are spare devices and not a replacement for pupils' own prescribed devices
- 12.1.3. Children at risk of anaphylaxis must have their own prescribed AAIs at school and should always carry two devices
- 12.1.4. Spare AAI's can be administered to any pupil or person experiencing anaphylaxis, even if not previously identified as being at risk
- 12.1.5. AAI's must be stored in a clearly marked location that is easily accessible within five minutes and never locked away
- 12.1.6. All staff should know where AAI's are kept
- 12.1.7. Under Regulation 238 of the Human Medicines Regulations 2012, anyone can administer adrenaline in an emergency to save a life
- 12.1.8. After giving adrenaline, DO NOT move the pupil - standing someone up with anaphylaxis can trigger cardiac arrest
- 12.1.9. ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED, ensuring robust record keeping, including timeframes

12.2. Asthma Inhalers

- 12.2.1. Schools may hold asthma inhalers for emergency use on a voluntary basis
- 12.2.2. Emergency inhalers are not a replacement for pupils' own prescribed inhalers
- 12.2.3. Asthma inhalers must be readily accessible and not locked away

13. Staff Training and Support

- 13.1. Any member of school staff providing support to a pupil with medical needs should have received suitable training

- 13.2. Training should be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions
- 13.3. Staff will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- 13.4. A first aid certificate does not constitute appropriate training in supporting children with medical conditions
- 13.5. Healthcare professionals, including the school nurse, can provide confirmation of proficiency
- 13.6. The relevant healthcare professional should normally lead on identifying and agreeing the type and level of training required
- 13.7. Whole-school awareness training ensures all staff are aware of the policy and their role in implementing it
- 13.8. Induction arrangements for new staff include training on supporting pupils with medical conditions
- 13.9. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training

14. Early Years

- 14.1. The school will ensure that it meets the paediatric first aid (PFA) requirements set out in the statutory framework for the Early Years Foundation Stage (EYFS), which also includes arrangements for off-site activities. In doing so, the school will ensure the following:
 - 14.1.1. At least one person who has a current paediatric first aid (PFA) certificate is always on the premises and available when children are present and accompanies them on any outings; the certificate must be for a full course consistent with the criteria set out in Annex A of the EYFS framework
 - 14.1.2. A member of staff with a valid PFA certificate is in the room whilst children are eating
 - 14.1.3. PFA training is renewed every three years and is relevant for people caring for young children
 - 14.1.4. All staff who have obtained a level 2 and/or level 3 qualification since 30 June 2016 obtain a PFA qualification within three months of starting work in order to be included in the required staff-to-child ratios at level 2 or level 3
 - 14.1.5. It displays, or makes available to parents, staff PFA certificates or a list of staff who have a current PFA certificate
 - 14.1.6. Any member of staff who has sole responsibility for looking after a group of children will hold a PFA certificate
 - 14.1.7. All newly qualified entrants to the early years workforce who have completed a level 2 or level 3 qualification on or after 30 June 2016 have either a full PFA or an emergency PFA certificate within

three months of starting work in order to be included in the required staff-to-child ratios. The school will organise PFA training to be renewed every three years

15. Record Keeping

- 15.1. Enrolment forms for both schools ask that pupils' medical/health conditions are recorded
- 15.2. Healthcare plans are drawn up with parents/carers and healthcare professionals, outlining each pupil's needs along with triggers, symptoms and medication
- 15.3. The pupil reception team keeps a central record of all healthcare plans securely
- 15.4. When necessary, a Healthcare Plan may be sent with the pupil to hospital in an emergency
- 15.5. All healthcare plans are reviewed annually or as advised by healthcare professionals
- 15.6. All accidents and injuries are recorded by the pupil reception team on an accident and illness report form and logged onto a spreadsheet on the school's confidential IT system
- 15.7. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom
- 15.8. Any side effects of medication administered at school are noted
- 15.9. Written records offer protection to staff and children and provide evidence that agreed procedures have been followed
- 15.10. Parents are informed if their child has been unwell at school

16. Consent to Administer Medicines

16.1. Regular Medication

- 16.1.1. If a pupil requires regular prescribed or non-prescribed medication at school, parents/carers are asked to give consent on the healthcare plan.

16.2. Short-Term Medication

- 16.2.1. If a pupil is taking a short course of prescribed or non-prescribed medication, parents/carers must complete and sign a 'Parental Agreement for School to Administer Medications' form (see Appendix A) along with providing the medication in its original packaging. A record (Appendix B) will be kept of medicines administered.

17. School Trips and Residential Visits

- 17.1. Parental/carer permission will be in the form of written consent
- 17.2. Where possible, school trips will have a member of staff with at least basic first aid training
- 17.3. Should the pupil require medication, clear instructions will be issued to the identified responsible person

17.4. Any self-administered medication will also be done under supervision of the identified responsible person

17.5. A risk assessment will be carried out before any work experience placements

17.6. Consent and agreement of both pupils and parents/carers will be sought for work experience

18. Emergency Procedures

18.1. All schools have arrangements in place for dealing with emergencies for all activities wherever they take place

18.2. Where a child has an individual healthcare plan, this clearly defines what constitutes an emergency and explains what to do

18.3. All relevant staff are aware of emergency symptoms and procedures

18.4. Other pupils in the school know what to do in general terms, such as informing a teacher immediately if they think help is needed

18.5. If a child needs to be taken to hospital, staff stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance

18.6. Schools ensure they understand the local emergency services' cover arrangements

18.7. The correct information is provided for navigation systems

19. Automated External Defibrillators (AEDs)

19.1. Schools are advised to consider purchasing a defibrillator as part of their first aid equipment

19.2. If schools install a defibrillator, they notify the local NHS ambulance service of its location

19.3. Staff appointed as first aiders should be trained in the use of CPR

19.4. Schools may wish to promote CPR techniques more widely amongst both teachers and pupils

20. Physical Environment and Accessibility

20.1. Southfield School and Kingsthorpe College buildings comply with the Disability Discrimination Act 2005

20.2. Buildings follow recognised guidance such as BS8300

20.3. Any necessary alterations to buildings comply with the functional requirements of the building regulations

20.4. All pupils and staff with mobility issues, either temporary or permanent, have a lift key to enable access to all floors

20.5. Appropriate technology is provided to cater for pupils and staff with a hearing impairment

20.6. The schools have appropriate accommodation readily available for medical examination, treatment and caring for sick or injured pupils

20.7. This accommodation contains washing facilities and is reasonably near to a toilet

20.8. Medical accommodation is not used as teaching accommodation

21. Social Interactions and Extra-Curricular Activities

21.1. The schools ensure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities

21.2. All pupils are encouraged to participate in extracurricular school activities and school clubs

21.3. The schools' PSHEC programme includes raising awareness of medical conditions to help create a positive social environment

21.4. Reasonable adjustments are made to enable children with medical needs to participate fully in extended school activities

22. Exercise and Physical Activity

22.1. The schools recognise the importance of all pupils taking part in sports, games and activities

22.2. All appropriate and reasonable provision is made by staff to make physical activity accessible to all pupils

22.3. Pupils with a medical condition, along with their parents/carers, are consulted about any physical activity to determine what is appropriate and safe

22.4. Staff are informed of any potential triggers for pupils' medical conditions when involved in sporting activities

22.5. Appropriate provision can be made once staff are aware of triggers

22.6. There should be enough flexibility for all children to participate in physical education according to their own abilities with any reasonable adjustments required

22.7. Risk assessments are carried out to ensure pupils can participate safely

23. Teaching and Learning

23.1. The schools ensure that pupils with medical conditions (with or without SEND / EHCP) can participate fully in all aspects of the curriculum

23.2. Appropriate adjustments and extra support are provided

23.3. Teaching staff are aware of the potential for pupils with medical conditions to have Special Educational Needs and disabilities (SEND)

23.4. The progress of pupils with medical conditions is monitored

- 23.5. If pupils are finding it difficult to keep up with their studies, they are referred to the SENDCo
- 23.6. The SENDCo consults with the pupil, parents/carers and healthcare professionals to ensure the effect of the condition on schoolwork is properly considered
- 23.7. Teaching staff support pupils who have missed school work due to their condition to catch up
- 23.8. Extra support is provided through liaison with parents/carers and health professionals
- 23.9. Reasonable adjustments are made to manage short-term and frequent absences, including medical appointments
- 23.10. Reintegration back into school is properly supported

24. Unacceptable Practice

- 24.1. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
 - 24.1.1. Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
 - 24.1.2. Assume that every child with the same condition requires the same treatment
 - 24.1.3. Ignore the views of the child or their parents; or ignore medical evidence or opinion
 - 24.1.4. Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plan
 - 24.1.5. Send severely ill children to the school office or medical room unaccompanied or with someone unsuitable
 - 24.1.6. Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments (evidence can be requested)
 - 24.1.7. Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
 - 24.1.8. Require parents to attend school to administer medication or provide medical support to their child, including with toileting issues
 - 24.1.9. Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips

25. Liability and Insurance

- 25.1. Governing bodies ensure that appropriate insurance is in place and appropriately reflects the level of risk
- 25.2. Insurance policies provide liability cover relating to the administration of medication
- 25.3. Individual cover may need to be arranged for any healthcare procedures
- 25.4. The level and scope of cover required must be ascertained directly from the relevant insurers

- 25.5. Any requirements of the insurance, such as the need for staff to be trained, are made clear and complied with
- 25.6. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer
- 25.7. Insurance policies are accessible to staff providing support

26. Complaints

- 26.1. Should parents or pupils be dissatisfied with the support provided, they should:
- 26.1.1. First discuss their concerns directly with the school
 - 26.1.2. If this does not resolve the issue, make a formal complaint via the school's complaints procedure
- 26.2. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted
- 26.3. Ultimately, parents and pupils can take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so

27. Policy Review

- 27.1. This policy will be reviewed annually by the Board of Trustees
- 27.2. The policy will be updated as necessary to reflect changes in legislation or national guidance
- 27.3. Staff will be informed of any changes to the policy
- 27.4. Parents and carers will be able to access the policy via the school website
- 27.5. The policy is readily accessible to all staff

Appendix A: Parental Agreement for Southfield School, Kingsthorpe College and Hunsbury Park to Administer Medicine

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

Personal Information	
Date for Review:	
Name of School/Setting:	
Name of Child:	
Date of Birth:	
Tutor Group:	
Medical Condition or Illness:	
Name/Type of Medicine:	
Expiry Date:	
Dosage and Method:	
Timing:	
Special Precautions/Other Instructions:	
Side Effects:	
Self-Administration – Y/N	
Procedures to Take in an Emergency:	
NB: Medicines must be in the original container as dispensed by the pharmacy.	
Name:	
Daytime Telephone Number:	
Relationship to Pupil:	
Address:	
I understand I must deliver the medicine personally to:	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. 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 to be stopped.	
Signature:	
Date:	

Appendix B: Record of Medicine Administered to an Individual Child

Name of School:	

Optimism

Resilience

Balance

Individuality

Synergy

Record of Medicine Administered to an Individual Child (Continued)

Date	Time Given	Dose Given	Name/Type of Medicine (as described on the container)	Medical Condition or Illness	Name of Member of Staff