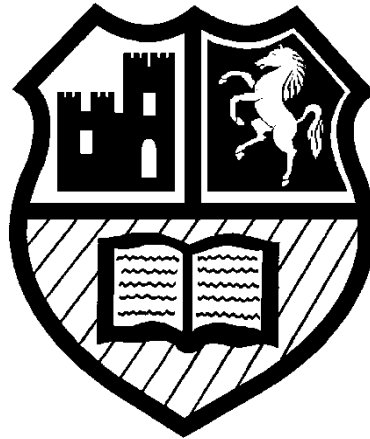


Otford Primary School



Supporting pupils with medical conditions policy

Reviewed and Approved by: FGB

Date Autumn 2025

For review (Bi-Annual) Autumn 2027

Oxford Primary School

Supporting pupils with medical conditions 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:

SEN Policy / SEN Information Report, Safeguarding Policy, Off-site risk assessments & Complaints Policy.

It will be reviewed bi- annually.

Definitions of medical Conditions

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

Short term (tier 1) occasional medication required.

Medium term (tier 2) affecting their participation at school because they are on a course of medication over a period of time

Long-term (tier 1) potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a Statement of SEN or Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

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 Otford Primary School fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and, therefore, the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child, or others, to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff on the school website.;
- Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);

- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how, and by whom, training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Considering whether to
 - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
 - Train staff in the use of, defibrillators
 - With the change in regulations, consider holding asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. 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 Mrs Helen Roberts Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training and for briefing supply teachers.

Mrs Helen Roberts will be responsible for monitoring risk assessments for individual pupils for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. She will also be responsible, in conjunction with parents/carers classteachers and SLT colleagues, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy.

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 Otford Primary School for the first time, with good notification given, the arrangements will be in place for the start of the relevant school term. All communication of this will be cascaded from the Admissions Officer, Mrs S Carroll, when this is made clear from parents. In other cases, such as a new diagnosis or a child moving to Otford Primary School mid-term, we will make every effort to ensure that arrangements are put in place as soon as possible on receipt of information from feeder school.

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

We will ensure that some members of staff (First Aiders) are properly trained to supervise and 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 from 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.

Oxford Primary School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. 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 Mrs Helen Roberts and following these discussions, an individual healthcare plan will be written, in conjunction with the parent/carers, by Mrs Helen Roberts, and put in place.

Individual healthcare plans

Individual healthcare plans will help to ensure that Oxford Primary School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare 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 SEN, but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional 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 Oxford Primary School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Oxford Primary School will ensure that individual healthcare plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and to ensure that Oxford Primary School assesses and manages risks to the child's educational, 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 (and the School Asthma Card from Asthma UK, for asthma sufferers) provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, it should include all 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;
- Arrangements for written permission from parents/carer and the Headteacher, Mrs Helen Roberts, 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 assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- 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

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Otford Primary School.

In addition, we can refer to the **Community Nursing Team** for 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. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)

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. They may, in some cases, 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 that 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 is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to provide support, advice and guidance, including suitable training, for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. 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.)

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.

Clinical commissioning groups (CCGs) commission other 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 CCGs 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.

Staff training and support

The following members of staff have received general training.

School first aiders (full certificate) with full paediatric training led by St Johns Ambulance are:

- **Mrs L Nye**
- **Mrs L Whitaker**
- **Mrs S Quittenden**
- **Miss M Shukla**
- **Miss L Worsell**
- **Mrs E James**

Named people for administering medicines:

Staff named above

Template E will be used to record staff training for administration of medicines and /or medical procedures.

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

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

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

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

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

The child's role in managing their own medical needs

Wherever possible children will be allowed to carry their own asthma pumps and relevant devices or should be able to access their asthma pumps for self-medication quickly and easily; these will be stored in the labelled red bag in the child's classroom to ensure that the safeguarding of other children is not compromised. Otford Primary 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 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 Otford Primary School, the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents written consent (see template B);
- Otford Primary School will not administer non-prescription medicines except where this is specified in a child's individual care plan. In such

cases, medication, e.g. for pain relief, will never be administered without first checking maximum dosage and when the previous dose was taken, and parents will be informed.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Otford Primary School 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 which will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely in the First Aid Room. If a child needs their medicine they should tell their teacher who will then locate a First Aider to administer this to the child according to the request from the parent. If there is any doubt the school will contact the named parent.
- Asthma inhalers will be held in a red labelled class medicine bag which will be stored on the back of the classroom door. A child's asthma inhaler will be kept in a zipped plastic wallet with a copy of their School Asthma Card, inside the red bag. All other medicines, including epi-pens (or equivalent) will also be kept in a zipped plastic wallet inside the red bag in the classroom. Equipment/medicine relating to diabetes is currently kept with the individual child users. All medicines and related medical equipment should be clearly labelled with the child's name;
- During school trips, either the child, or the first aid trained member of staff, will carry all medical devices and medicines required depending on the age and individual needs of the child requiring medication;
- In the case of a child who has been prescribed a controlled drug, we will keep these securely stored in a locked, non-portable container and only staff named on the health care plan 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. Otford Primary School will keep a record (see template 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 administered at school should be noted. Written records are kept of all medicines administered to children with the exception of asthma inhalers for occasional use. Where an asthma inhaler has been prescribed to a child for routine use, written records will be kept. 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;

- It is the responsibility of the parent/carer to ensure that medicines supplied to the school are in date, and to provide replacement medicines as required.

Emergency procedures

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

Day trips, residential visits, and sporting activities

We will actively support pupils with medical condition 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.

Oxford village has invested in a defibrillator which is situated near to the school.

Unacceptable practice

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

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

- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or 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 or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and indemnity

Kent County Council, and thus, Otford Primary School, have taken out insurance with Zurich Municipal incorporating the following essential features:

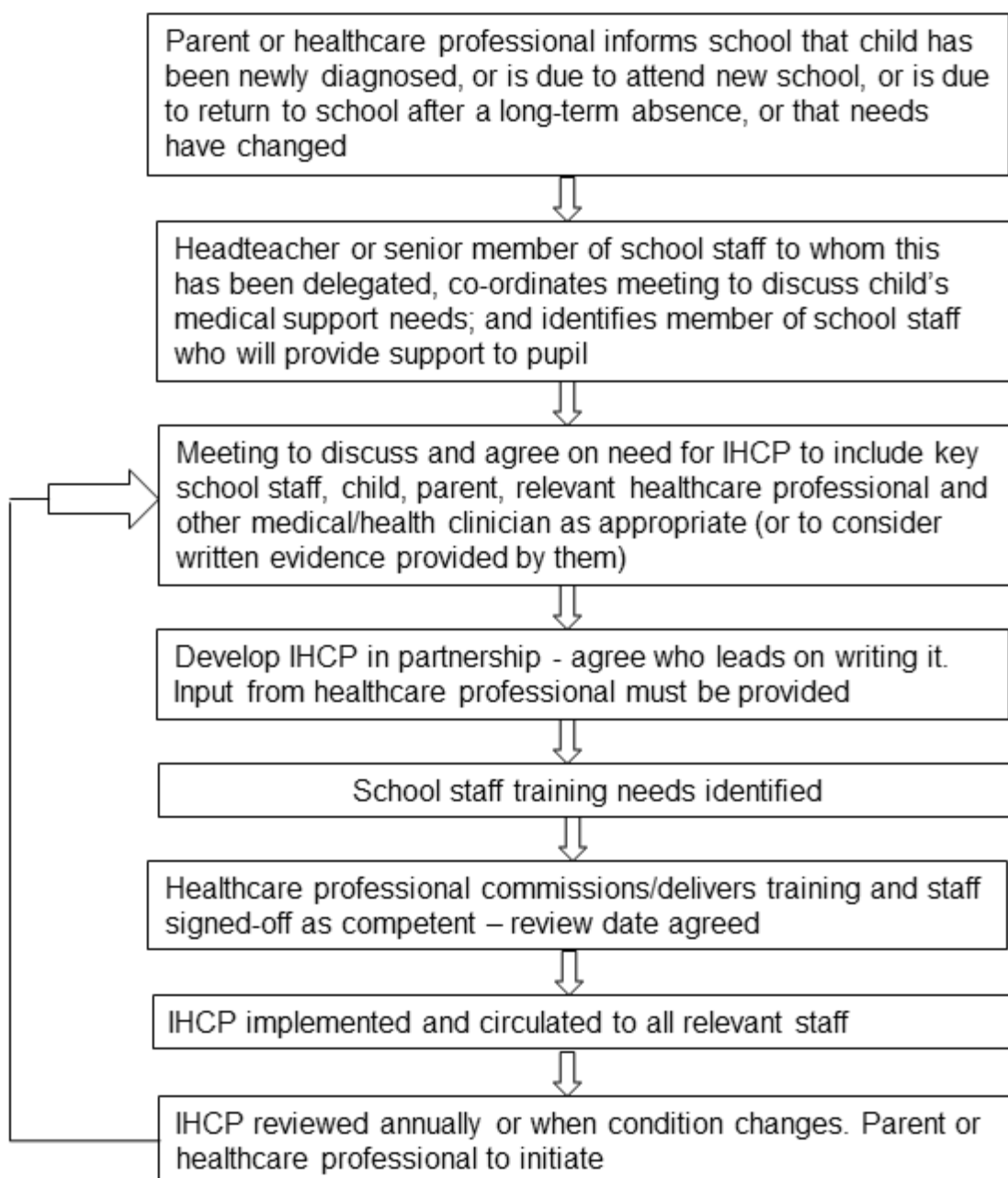
Public Liability: £50,000,000
 Products Liability: £50,000,000
 Employers' Liability: £50,000,000
 Official's Indemnity: £5,000,000
 Libel and Slander: £5,000,000
 Land Charges: £5,000,000

Complaints


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

Further sources of information [here](#)

Annex A: Model process for developing individual healthcare plans



Template A: Otford Primary School Individual Healthcare Plan

 Otford Primary School Individual Healthcare Plan	
Date:	
Review Date:	
Child's Details	
Child's Name	
Class-Teacher	
Date of Birth	
Child's Address	
Medical diagnosis-condition	
Parent name	
Phone number	Mobile- Home- Work-
Parent name	
Phone number	Mobile- Home- Work-
Medical Practitioner Details	
Clinic/hospital contact-name	
Phone number	
G.P. Name address	
G.P. Phone number	
Medication Details	
Description of medical needs and details of child's symptoms, triggers, signs, treatments, equipment or devices, environmental issues	

Name of medication. Dose Administered by/self Administered With or without supervision Method of administration, When to be taken, Side effects, contra-indications	
Health Care Needs	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs.	
Arrangements for school trips/visits	
Staff training needed/undertaken-who what when	
Other information	
Emergency Details	
Description of what constitutes an emergency and the action to take if this occurs.	
Person responsible in an emergency (state if different for off-site activities)	

Plan developed with:
Signed (parent): Date:

Template B: Parental Agreement for Otford Primary School to Administer Medicine

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 <i>(as described on the container)</i>	
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: Otford Primary School Record of Medicine Administered to an Individual Child

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			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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

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

Template E: Otford Primary School Staff Training Record – administration of medicines and/or medical procedures

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 _____

Asthma Pumps in Primary Schools

Dear

Asthma Pumps

Your child _____ has an asthma pump in school.

I am writing to inform you of the School's guidelines with regard to asthma pumps in school.

1. All asthma pumps will be kept in a red bag , of which there is one in every classroom.
2. All asthma pumps will be named.
3. With the pump there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.
5. If the child needs their pump during break times, a request to a member of staff must be made first before entering the building. If the child always needs their pump during lunchtime, then the child can give it to a Lunchtime Supervisor for safekeeping. It will be the child's responsibility to ensure the Lunchtime Supervisor is given it, to take back to class following lunch.

If you wish to see the School Medical Policy, please make a request to the school office.

Would you please sign and return the slip below indicating either your agreement or your wish not to keep the pump in the care of the teacher or other staff, thereby taking full responsibility yourself.

Yours sincerely

Headteacher

Asthma Pumps

Please tick as appropriate

{ } I agree and accept the above guidelines regarding asthma pumps in school

Signed _____ Parent/Guardian

Date _____

Child's name _____

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress

Exercise Weather

Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk

Authorisation for the Administration of an EpiPen

Child's Name _____

Date of Birth _____
Home Address, _____

Contact Telephone Numbers
Home _____

My child _____ should be given EpiPen if he/she has an allergic reaction. A second EpiPen should be given after _____ minutes if the reaction does not stop.

An ambulance should be called immediately/after _____ minutes.

School will notify parents/carers immediately the EpiPen is given.

Parents/Carers Signature _____

Name _____ Date _____

Staff Signature _____

Name _____ Date _____

Date

Time given

Dose given

Name of member of staff

Staff initials

*	

Date

Time given

Dose given

Name of member of staff

Staff initials

*	

*In the event of an epipen being used and the emergency services being involved, this information should be passed on to the emergency services.



Offord Primary School Individual Healthcare Plan

Date:

Review Date:

Child's Details

Child's Name

Class-Teacher

Date of Birth

Child's Address

Medical diagnosis-
condition

Parent name

Phone number

Mobile-
Home-
Work-

Parent name

Phone number

Mobile-
Home-
Work-

Medical Practitioner Details

Clinic/hospital
contact-name

Phone number

G.P. Name address

G.P. Phone number

Medication Details

Description of
medical needs and
details of child's
symptoms, triggers,
signs, treatments,
equipment or
devices,
environmental issues

Name of
medication.
Dose
Administered by/self
Administered
With or without
supervision
Method of
administration, When
to be taken, Side
effects, contra-
indications

Health Care Needs

Daily care requirements	
Specific support for the pupil's educational, social and emotional needs.	
Arrangements for school trips/visits	
Staff training needed/undertaken-who what when	
Other information	
Emergency Details	
Description of what constitutes an emergency and the action to take if this occurs.	
Person responsible in an emergency (state if different for off-site activities)	

Plan developed with:
Signed (parent):
Date:

EYFS Changing & Care Record



Oxford Primary School
High Street, Oxford, Kent, TN14 5PG

EYFS Changing & Care Record		
Clothes changed:	Trousers/skirt	
	Tights/socks	
	Shoes	
	Underwear	
Wet:	Soiled	
Date:	Adult signature:	



Oxford Primary School
High Street, Oxford, Kent, TN14 5PG

Changing & Care Record		
Clothes changed:	Trousers/skirt	
	Tights/socks	
	Shoes	
	Underwear	
Wet:	Soiled	
Date:	Adult signature:	

First Aid Procedures

1. First Aiders

- All first aiders must carry a walkie-talkie at all times so they can be contacted quickly in case of an emergency.
-

2. Injuries Above the Neck

- A copy of the report must be given to the office and the child's class teacher.
 - Parents/carers must also be contacted by phone.
 - Any injury that requires a phone home must be passed on to any after school clubs that said child is attending.
 -
-

3. Head Bumps

If a child is representing any of the following

- Appears seriously injured
- Is drowsy
- Feels dizzy
- Cannot walk in a straight line

Always obtain a second opinion from another first aider.

- A copy of the report must be given to the office.
 - Parents/carers must always be contacted by phone, even if the injury appears minor.
 - Any injury that requires a phone home must be passed on to any after school clubs that said child is attending.
-

4. Nosebleeds

- If it is the first recorded nosebleed, a copy of the report must be sent to the office.
 - Parents/carers must be contacted by phone.
 - For reoccurring nose bleeds (happened before) still fill out form and document in first aid book.
-

5. Suspected Broken Bones or Sprains

- Always obtain a second opinion from another first aider.
 - Write a detailed report including:
 - The injury
 - How it occurred
 - Where it occurred
 - A copy must be given to the office for insurance purposes.
-

6. Checking Injuries Under Clothing

If clothing needs to be lifted or removed:

- Another member of staff must be present.
- Always ask the child for permission before checking.

If the child refuses:

- Record this on the incident form.
 - Offer the child the option to check themselves in the toilet.
 - Record this option on the form.
 - Both first aiders must sign the form.
 - If unsure, refer to the Intimate Care Policy.
-

7. Grazes or Cuts

- Complete the incident form.
 - Give the form to the child's class teacher to pass on.
 - PPE to be worn.
 - Anything holding bodily fluids to be disposed of in the yellow bin.
-

8. Splinters

- Do not remove splinters.
-

9. Tummy Ache / Headache

- Record and monitor as necessary.
- Always do the child's temperature and record it, even if it is ok. (in case one appeared later on, it also gives the child reassurance if they can see it is green)
- The office should contact parents/carers if symptoms persist.

10. Stings or Bites

- If swelling occurs, draw a ring around the swelling using a biro pen and monitor it.
- The office should contact parents/carers.
- Parents may bring Piriton for administration if required.

11. Temperature

- If a child's temperature is above 37.5°C, the child must be sent home.
- If the temperature may be rising:
 - Record temperature readings with times for parents/carers.
 - Record in First aid book (even if its normal)

12. Medication

- Always record any medication given and the time it was administered.
- Any medication in the green folder must be signed for by the first aider.
- If prescribed medication is running low, inform the office so parents/carers can be notified.
- Under no circumstances should children carry their own medication.

Prescription Medication

- Prescription medication brought into the setting must be handed to the office staff on arrival. The details of any medication that needs to be administered will be recorded by office staff in the **green folder**, and the folder will be left open so staff are aware that medication has been logged and requires attention.
- Medication will only be administered if it has a valid prescription label clearly showing the child's name and dosage instructions.
- First aiders will **not administer Calpol, or other non-prescription pain relief** unless there are exceptional circumstances or the medication has a prescription label attached.
- If parents wish their child to receive Calpol, or other non-prescription medication during the day, they are welcome to come into the setting and administer it to their child themselves.

13. If You Are Unsure

- Always seek a second opinion.
 - Never assume the child is fine.
-

14. Recording Injuries

All reports must include a detailed description, including:

- Where the injury is on the body
- Where it occurred on the school premises
- How the injury happened
- Time and date
- What treatment was given
- Sign with name and signature

This information is important for safeguarding / insurance purposes.

15. First Aid Book

- Every incident must also be recorded in the First Aid Book located in the First Aid Room.
 - Whenever a child enters the first aid room a form must be completed and handed to the class teacher.
-

16. Medication Storage

- The medication cupboard must always be kept locked.
- Some medication may be stored in the fridge where required.

Asthma pumps will be in the classrooms red bag.

Epi Pens will be held in the first aid room and office.

Any injury that requires a phone home must be passed on to any after school clubs that said child is attending.

We are here for the children, to support them and put them first.

Always remain professional and positive, no matter the situation.