Medical Conditions Policy

Review date: March 2025

Next review: March 2026

References to the Webshop provide resources for school personnel only and available to parents/carers on request.

Pevensey & Westham CE Primary school will usually only administer prescription medicine, that is required at least 4 times a day. Please see section 10 for further information on administering medicine in school.

Contents

1. Introduction 3
2. Definitions of medical conditions 4
3. The role of the governing body 4
5. Procedure to be followed when notification is received that a pupil has a medical condition 6
6. Individual healthcare plans 7
7. Roles and responsibilities 9
8. Staff training and support 10
9. The child's role in managing their own medical needs 10
10. Managing medicines on school premises and record keeping 11
12. Emergency procedures 13
13. Offsite visits and sporting activities 13
14. Hygiene/Infection Control 14
15. Equipment 14
16. Unacceptable practice 14
17. Liability and indemnity 15
18. Complaints 15

Appendix 1 – Medicine Administration Flow Chart 16

Medical Conditions Policy

School Vision:

"At PaWS we have an ambitious vision to work in partnerships with families, the church and the wider community to prepare all our children with the knowledge, skills, values and behaviours they will need in order to flourish, reach their potential and enjoy fullness of life."

(John 10:10)

1. Introduction

1.1 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, Department for Education (DfE), December 2015
- 0-25 SEND Code of Practice, DfE January 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE November 2018
- Equalities Act 2010
- Schools Admissions Code, DfE September 2021
- ESCC Accessibility Strategy
- ESCC SEND Strategy
  SEND MATRIX SEN Matrix | Czone (eastsussex.gov.uk)
- East Sussex policy for the education of children and young people unable to attend school because of health needs (link: https://www.eastsussex.gov.uk/educationandlearning/schools/attendance-behaviour/too-sick/)

- ISEND Front Door https://czone.eastsussex.gov.uk/inclusion-and-send/isend-front-door-referrals/ and include the following documents: Additonal Needs Plan or IHCP, registration certificate and current medical evidence. Potential referrals can be discussed with TLP – 01273 336888

1.2 This policy should be read in conjunction with the following school policies and documents: SEN Information report, Child Protection and Safeguarding Policy, Asthma Policy, Off-site Activities and Educational Visits policy, Equality Policy and Objectives, Accessibility Plan and the Complaints Policy and Procedure.

1.3 This policy will be reviewed annually.

1.4 Systems are in place to ensure that the Designated Safeguarding Lead is kept informed of arrangements for children with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child.

2. Definitions of medical conditions

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

Short-term affecting their participation at school because they are 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 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 pupil's feel safe.

2.2 Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs and/or disability (SEND) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice (DfE January 2015) which explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs and disabilities. For pupils who have medical conditions and have EHC plans, compliance with the SEND code of practice will ensure compliance with this policy in respect to those children.

3. The role 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 Pevensey & Westham 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 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 (this policy);
- 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 notification 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 and that they are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed (see section below on individual healthcare plans);
- Ensuring that the 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 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 digital 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 actively support 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);
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the correct 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 of pupils with medical conditions (see section on complaints).

4. Policy implementation

4.1 The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have delegated the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

4.2 The overall responsibility for the implementation of this policy is given to the Headteacher. They 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.

4.3 Deputy Head will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

4.4 Business Manager will be responsible in conjunction with parents/carers, 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.

4.5 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.

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

5.1 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 Pevensey & Westham School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Pevensey & Westham School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

5.2 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.

5.3 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 offsite visits, or in sporting activities, and not prevent them 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.

5.4 Pevensey and Westham 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 Jodie Westcott, Assistant Head and/or Rachel Smith, and then an individual healthcare plan will be written in conjunction with the parent/carers by Rachel Smith or Kirsty Smith (lead First Aider), and put in place. (please also see 'Safeguarding children in whom illness is fabricated or induced' Department for Children's & Families 2008).

6. Individual healthcare plans

6.1 Individual healthcare plans will help to ensure that we effectively support 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 required in the majority of other cases too, especially where medical conditions are long-term and/or complex. However, not all pupils 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 available on Webshop.)*

(Where a child is diagnosed with asthma, this will be supported by a comprehensive written asthma plan plus regular training and support for staff. For more complex cases, an individual healthcare plan may also be necessary. See guidance on Specific Medical Conditions on Webshop and Asthma UK website for model resources.)

6.2 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 pupil effectively. The level of detail within the plan will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support. Where a pupil has SEND but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan and Additional Needs Plan (ANP). *(Where a child/young person has a long term or a complex medical condition, it is recommended that an Additional Needs Plan is initiated and included with the individual healthcare plan as long term conditions can affect mental health and cognition).*

6.3 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 pupil. Pupils should also be involved whenever appropriate. The aim should be to capture the

steps which Pevensey & Westham 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.

6.4 We will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They will be developed and reviewed with the pupil's best interests in mind and will ensure that we assess and manage the risks to the pupil's education, health and social wellbeing, and minimise disruption. Where a pupil 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 pupil will need to reintegrate effectively.

6.5 Where home to school transport is being provided by East Sussex County Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where pupils have a life threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to be followed in the event of an emergency. In the event that home to school transport is not being provided by East Sussex County Council, the risk assessment and healthcare plan will be shared as appropriate.

6.6 Individual healthcare plans will suit the specific needs of each pupil, but will all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects, storage and expiry) 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 pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil 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 pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required;
- Arrangements for written permission from parents/carers and the Headteacher, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/pupil, the designated individual is to be entrusted with information about the pupil's condition; and

- What constitutes an emergency for the individual child, procedures to be followed in an emergency, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

7. Roles and responsibilities

7.1 Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Pevensey and Westham School.

7.2 In addition we can refer to the **School Health Team** using the online referral form which can be found at https://www.kentcht.nhs.uk/service/school-health-service-east-sussex/ for support with drawing up Individual Healthcare Plans, awareness training around common medical conditions, liaison with lead clinicians including identifying specialist training and advice or support in relation to pupils with medical conditions.

7.3 Other **healthcare professionals, including GPs and paediatricians** should notify the School HealthTeam 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, anaphylaxis).

7.4 **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 or Additional Needs Plan. Schools should complete a Pupil Voice tool to support the development of these plans.

7.5 **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 they or another nominated adult are contactable at all times.

7.6 East Sussex County Council 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. ISEND Teaching and Learning Provision is an East Sussex service which supports schools in the education of children and will provide teaching in a range of settings if a young person is unable to attend school for 15 days or more because of health needs (whether consecutive or cumulative across the year).

7.7 **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.

7.8 The **Ofsted** common inspection framework promotes greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by

the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

8. Staff training and support

8.1 Whole school awareness training will be arranged so that staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy, this forms part of our whole school safeguarding training.

8.2 We will record staff training for administration of medicines and /or clinical procedures within our MIS.

8.3 All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so where required. The training need may be identified by the healthcare professional during the development or review of the individual healthcare plan or we may choose to arrange training ourselves and will ensure that it remains up-to-date.

8.4 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.

8.5 For the protection of both staff and pupil a second member of staff will be present while more intimate procedures are being followed.

8.6 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.

8.7 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 professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

8.8 The family of a pupil will often be essential 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.

9. The child's role in managing their own medical needs

9.1 If, after discussion with the parent/carer, it is agreed that the pupil is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan. *A checklist listing the areas for consideration is available on webshop.*

9.2 Wherever possible pupils will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-administration quickly and easily; these will be stored in the cupboard in the Medical room to ensure that the safeguarding of other pupils is not compromised. Pevensey and Westham School also recognises that pupils who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

9.3 If a pupil 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 the DSL. Parents will also be informed so that alternative options can be considered.

10. Managing medicines on school premises and record keeping

At Pevensey and Westham School the following procedures are to be followed*:*

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

10.2 No child under 16 should be given prescription or non-prescription medicines without their parents written consent - 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;

10.3 Under exceptional circumstance and with parental written consent we will administer non-prescription medication where it is deemed as essential to a child's health and wellbeing (with the exception of aspirin or aspirin containing medicines, unless they are prescribed by a doctor). Medication, e.g. for pain relief, should never be administered without first checking the age-appropriate dosage, maximum dosage and when the previous dose was taken. Parents should be informed. The administering member of staff will telephone the parent before administering.

10.4 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours, we do not usually administer 3 times a day medicine;

10.5 We 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;

10.6 It is recommended that a primary school pupil should never carry medicine to and from school. Medicine must be handed to a member of the office team as soon as the pupil arrives at school.

10.7 The parents must make arrangements for emergency medication to be available on the journey to and from school.

10.8 All medicines will be stored safely in the Medical room. All non-emergency medication will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled and separated from food. There will be restricted access to a refrigerator holding medicines.

10.9 Pupils will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility, Mrs Smith & Miss Lazell.

10.10 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors should always be readily available. Each class has a yellow asthma bag which hangs on the back of the classroom door for inhalers. Pupils who have an adrenaline auto-injector have one injector in an orange bag which is kept in class and one in the emergency medication cupboard in the hall. Emergency medication is taken to all PE lessons, forest school lessons and any trips/outdoor learning. Pupils requiring such devices are identified and a 'register' of affected pupils is kept up to date. Parents should be advised to bring in asthma inhalers with the original dispensed pharmacy label on the actual inhaler, not just on the box. If the label is not on the inhaler, the parent must label the inhaler with the child's name and class. This must be checked with the parent against the parental consent form and/or IHCP to confirm it is the correct inhaler. The parent must then be requested to obtain a new supply and bring in the new inhaler in its original box with the original dispensed pharmacy label attached to the inhaler.

10.11 A pupil 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 pupil 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. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. Controlled drugs should be easily accessible in an emergency. In cases of emergency the key must be readily available to all members of staff to ensure access. A record should be kept of any doses used and the amount of the controlled drug held in the school;

10.12 Staff administering medicines should do so in accordance with the prescriber's instructions. Pevensey and Westham School will keep a record of all medicines administered to individual pupils, 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. Digital records are kept of all medicines administered to pupils. These records offer protection to staff and pupils and provide evidence that agreed procedures have been followed;

10.13 Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual pupil's medicine record before any dose is given, etc.

10.14 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.

10.15 The school holds 2 emergency asthma inhalers on site for emergency use, parental consent and records are kept in school.

10.16 The Governing Body have agreed to hold adrenaline auto-injectors on site for emergency use when the school deems there to be a need, parental consent, usage records and records of training are kept in school.

10.17 Procedures are in place to ensure that medication expiry dates are checked and that replacement medication is obtained.

10.18 See Appendix for the medicine administration flow chart used in school

11. Medication Errors

11.1 A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include administration of:

- a medication to the wrong pupil
- the wrong medication to a pupil
- the wrong dosage of medication to a pupil
- the medication via the wrong route
- the medication at the wrong time
- missing a dose of medication.

11.2 Each medication error must be reported to the Headteacher, DSL and the parents. The incident will also be reported via the ESCC online incident reporting system. Procedures are in place to minimise the risk of medication errors including auditing errors and preventing recurrence. The Business Manager and Deputy Head meet once a term to monitor any errors and to ensure improvements in practice are implemented.

12. Emergency procedures

12.1 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

12.2 Where a pupil has an individual healthcare plan, this will 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.

12.3 If a pupil needs to be taken to hospital, staff will stay with them until the parent arrives, or accompany a child taken to hospital by ambulance. The school is aware of the local emergency services cover arrangements and the correct information will be provided for navigation systems.

13. Offsite visits and sporting activities

13.1 We will actively support pupils with medical conditions to participate in offsite 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.

13.2 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, including whilst on transport. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by our Offsite Visits Policy.

13.3. Staff with the role of administering medicines must have relevant and current training to do so. A first aid qualification does not cover the skills and knowledge required for the administration of medicines.

13.4 Specific procedures on the transporting, storing, etc of medication whilst on an off-site visit is detailed within the school's Offsite Visits Policy.

14. Hygiene/Infection Control

14.1 All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the Guidance for Schools on First Aid.

15. Equipment

15.1 Some pupils will require specialist equipment to support them whilst attending school. Staff will check the equipment, in line with any training given, and report concerns to, Business Manager.

15.2 The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure will be detailed within the individual healthcare plan.

15.3 Staff will be made aware of the use, storage and maintenance of any equipment.

15.4 Pevensey and Westham School have a defibrillator, this is located outside the dinner hall, opposite adult toilets, this is checked annually by the Lead First Aider. All First Aiders are trained in its use, however it is easily accessible for all staff to use.

16. Unacceptable practice

16.1 Although staff at Pevensey and Westham School should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is unacceptable practice to:

a. Prevent pupils from easily accessing their inhalers and medication and prevent administration of their medication when and where necessary;
b. Assume that every pupil with the same condition requires the same treatment;
c. Ignore the views of the pupil or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
d. Send pupils 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;
e. Send a pupil who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;
f. Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
g. Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;

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

17. Liability and indemnity

Maintained Schools:
Individual cover may need to be arranged for any healthcare procedures, in particular those which would be considered invasive or normally undertaken by a medical professional. If in any doubt please contact the Insurance Team who will check with external insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear in the Health Care Plan and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer rather than the employee.

17.1 Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

18. Complaints

18.1 Should parents/carers be dissatisfied with the support provided, they must discuss their concerns directly 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 Pevensey and Westham School Complaints Procedure.

Appendix 1

Medicine Administration Flow Chart

1. Ring Class and ask for child (if in EYFS a member of class staff to accompany on first time)
2. Only one child in the first aid room at a time (others to wait in library)
3. Check medication log for location of medicine
4. Check record of medicine for parental consent and record of administration (ensure not already been given)
5. Locate medicine and ask another member of staff to confirm identity of child and check name on medicine label
6. Administer medicine as per the consent form
7. Return medicine to correct location
8. Complete the record of medicine administered on Meditracker
9. Child to return to class