Ashdown Primary School

Supporting pupils with medical conditions Policy

This version: May 2026

Next review date: May 2027

Vision

Empower everyone to discover their potential, develop the skills to thrive with confidence and compassion, and make a positive difference in the world.

At the heart of our vision are our three key drivers:

People, Planet and Potential

People: we put **people** first. Kindness, inclusion, respect and support are the golden threads that run through our school day. Our school community is ambitious yet supportive; a place where everyone is valued and belongs.

Planet: We care deeply about our **planet** and our responsibility to protect it. We learn together how to make choices that are sustainable, kind, and thoughtful—helping children become global citizens who care about the world around them.

Potential: We believe every child and adult in our school community has **unique potential,** and it's our job to nurture it—whether that's academic, creative, social or emotional. We are an ambitious, supportive community where success is celebrated in all its forms.

Ethos Statement

We value everyone, nurture their strengths and enable them to flourish.

Values

Caring, Curious and Confident

Equal Opportunities

At Ashdown Primary School we believe that all children, regardless of first language, disability, race, gender, cultural or socio-economic background, should receive equal access to the full school curriculum.

Disability Statement

Ashdown Primary School is proud to be an inclusive school. We are able to offer access to the full curriculum for children who have a physical disability.

We have easy access into the main part of the building and have disabled toilet facilities within the school.

As with any additional needs the schools work closely with parents and appropriate outside agencies

- **Introduction**

.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
  SEN 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 Front Door referrals | Czone (eastsussex.gov.uk) and include the following documents: Additional Needs Plan or IHCP, registration certificate and current medical evidence.

1.2 This policy should be read in conjunction with the following school policies: SEN Policy, Safeguarding Policy, Asthma Policy, Off-site visits policy, Complaints Procedure, Accessibility Plan, Intimate Care Policy

1.3 This policy was developed by the Senior Leadership Team and the Office Manager and 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.

- **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 Medical conditions may include both physical and mental health needs. 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 (SEN) and may have a statement or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice which explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For pupils who have medical conditions that require 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

3.1 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 Ashdown Primary School fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions, so that they are properly supported and have full access to education- including school trips and physical education- and 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 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 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 Dawn Gibbs, Executive Headteacher. School leaders will consult relevant healthcare professionals, parents/carers and pupils to ensure medical needs are properly understood and effectively supported. 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 Debbie Stephen (Head of School infants and inclusion lead), and Barry Lucas (Head of School juniors) will be responsible for briefing supply teachers, authorising risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans (IHCPs).

4.4 Debbie Stephen (Inclusion Lead) 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 Ashdown Primary 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 Ashdown Primary 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 Ashdown 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 NHS 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 Debbie Stephen (HoS & Inclusion lead), and then an individual healthcare plan will be written in conjunction with the parent/carers by the Inclusion lead and put in place. In line with our SEND policy, if there is conflict of advice or medical opinion from different medical practitioners, the publically funded body view will be taken, and in the event of two different publically funded practitioners disagreeing, the view of the one who has known the child longest will be taken.

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 Executive Headteacher, Dawn Gibbs, 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 from the Local Authority.)

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 a SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

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 advice on the particular needs of the pupil. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Ashdown 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.

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. Individual Healthcare Plans will be developed and reviewed with the pupil's best interests in mind, ensuring that risks to the pupil's education, health and social wellbeing are assessed and managed, while minimising disruption to their education, health and overall wellbeing.

Where a pupil returns to school following hospital education or a period of absence due to medical needs, the school will work with families, professionals, the local authority, and any 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.

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 Executive Headteacher or Head of School 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;
- What to do 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 Ashdown Primary 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 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).

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.

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. A referral can be made to Teaching and Learning Provision (TLP) 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) and they have an active additional needs plan or individual healthcare plan (IHCP) and a consultant-led medical treatment plan (or are on the waiting list for assessment).

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 Education 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 is arranged on a rolling programme so that staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

The following staff have received training for administrating medicines:

- Sharon Forbes – Office manager
- Fiona Price – Admin assistant
- Abigail Owens - Teaching Assistant
- Dawn Gibbs – Executive Headteacher
- Alice Neal - Teacher
- Bonnie Gomersall - Teacher
- Daniel Allen - Teacher
- Debbie Stephen – Head of School (Infants)
- Elizabeth Thornham - Teacher
- Helen Warner - Teacher
- Jo Berry - Teaching Assistant
- Lisa Birchard - Teacher
- Paula Kitching – Teaching Assistant
- Penny Jarman – Teaching Assistant
- Sarah Johnson – Teaching Assistant
- Yvonne King - Teacher
- Alison Harris - Teacher
- Laura Lawrence – Senior Playleader/ Teaching Assistant
- Catherine Cook -Teaching Assistant
- Alex Gray - Teacher
- Jo Thomas – Teaching Assistant
- Melissa Joyce – Teaching Assistant
- Amber Rickard - Teacher
- Alison Pain - school business manager
- Claire Robinson - business assistant
- Charlotte Aucock - teacher
- Eleanor Guild - teaching assistant

The following staff have received specific/specialist training:

- Sharon Forbes - Office manager (1st aid at work)
- Alison Pain - Business manager (1st aid at work)
- Damien Oakley -Senior Playleader (1st aid at work)
- Eleanor Guild - Playleader/ HLTA/ TA (1st aid at work)
- Penny Jarman - HLTA (1st aid at work)
- Sarah Johnson - TA (1st aid at work)
- Jo Thomas - TA (1st aid at work and paediatri)
- Abigail Owens - TA/ wraparound care (Paediatric First Aid)
- Jo Mitchell - TA/ wraparound care (Paediatric First Aid)
- Ali Harris - Phase leader (Paediatric First Aid)
- Laura Lawrence- Senior Playleader (Paediatric First Aid)
- Ella Hassett- Teacher/ HLTA (Paediatric First Aid)
- Becky Buckingham- TA (Paediatric First Aid)
- Claire Robinson - Business assistant (1st aid at work)
- Claire Larby - teaching assistant (Paediatric 1st aid
- Jo Berry - TA/wraparound care (paediatric)
- Katia Vanderstappen - TA (paediatric)
- Helen Beesley - TA (1st aid at work)
- Caroline Hume - teacher (paediatric 1st aid)
- Mel Joyce - TA (paediatric)

8.2 We will record staff training for administration of medicines and /or clinical procedures on a training spreadsheet, maintained by the school business manager.

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. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

8.4 New staff will receive induction on the school's policy and procedures for supporting pupils with medical conditions. 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 Cover arrangements will ensure that suitably trained staff are always available, including during staff absence or turnover.

8.6 For the protection of both staff and pupils, there is an intimate care policy, which must be adhered to at all times.

8.7 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.

8.8 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. Debbie Stephen, HoS and Inclusion lead, 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.

8.9 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. Parents/carers may provide information and advice about their child's needs but should not be the sole trainers for staff.

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.

9.2 Pupils should have easy access to their own medicines and relevant medical devices wherever possible, or be able to access them quickly for self-administration. To support this, medicines will be stored securely in the medical room cupboard at each site, ensuring that the safeguarding of other pupils is not compromised. An exception is made for asthma inhalers and auto-injectors, which are kept in red medical bags stored in classroom cupboards for immediate access.
Ashdown Primary School recognises that pupils who self-administer medication or manage their own procedures may still require an appropriate level of supervision. Where a pupil is unable to self-manage, appropriately trained staff will assist with administering medication and managing medical procedures.

9.3 If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so. Instead, they should follow the procedure outlined in the pupil's individual healthcare plan. The Designated Safeguarding Lead (DSL) must be informed, and parents will be contacted so that alternative options can be considered.

10. Managing medicines on school premises and record keeping

10.1 At Ashdown 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 - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents or a medical profession advises (e.g. a call to 999). 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;
- With parental written consent, we will administer non-prescription medicines with the exception of aspirin or aspirin containing medicines, unless it is prescribed by a doctor. Medication e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed. Cough and throat sweets are not considered medication, and will not be administered.
- Only prescription medicines will be administered during day trips and this will be included on the risk assessment.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- 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 than its original container;
- 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 school office team as soon as the pupil arrives at school.
- All medicines will be stored safely in the medical room (with the exception of asthma inhalers and auto-injectors). All non-emergency medication will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. There is a refrigerator for this purpose in the

school office at the Junior Site and in the medical room at the Infant Site. There will be restricted access to refrigerators holding medicines.

- Pupils will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know that all members of the office team have access to the key to the storage cupboard.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be clearly marked with the child's name.
- All controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only office staff will have access. Controlled drugs should be easily accessible in an emergency. In cases of emergency the key will 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;
- A record will be kept of all medicines stored on the school site including the name of the medicine, location at which it is kept and the expiry date of the medication;
- Parents/carers will be informed if their child becomes unwell at school;
- Staff administering medicines should check that the printed name on the medication label matches that of the child they are administering the medicine to.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Ashdown Primary 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. Written 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;
- 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.
- 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.
- The Governing Body have agreed to hold asthma inhalers on site for emergency use.

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.

12. Emergency procedures

12.1 All staff should know how to respond in general terms if they believe a pupil needs medical assistance. Dawn Gibbs, Executive 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 emergency symptoms and procedures and explain what to do. The inclusion lead is responsible for ensuring that all relevant staff are aware of the required 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 to enable them to take part fully and safely, unless there is evidence from a clinician, such as a GP, that participation 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. 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.

14. Work experience

14.1 When hosting work experience placements, the carrying of emergency medication should be communicated by the secondary school to the primary school (placement provider) who will agree appropriate arrangements during the work experience placement.

15. Hygiene/Infection Control

15.1 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 which can be found on the Services to Schools website.

16. Equipment

16.1 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 Alison Pain, School Business Manager.

16.2 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.

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

17. Unacceptable practice

17.1 Although staff at Ashdown Primary School should exercise professional judgement and consider each case individually, taking into account the pupil's specific healthcare plan, the following practices are not generally acceptable:

- Preventing pupils from having easy access to their inhalers or medication, or from administering their medication when and where necessary;
- Assuming that all pupils with the same medical condition require identical treatment;
- Ignoring the views of the pupil or their parents/carers, or disregarding medical evidence or professional opinion (although such evidence may be appropriately challenged);
- Sending pupils home frequently due to medical conditions, or preventing them from participating in normal school activities (including lunch), unless clearly stated in their individual healthcare plan;
- Sending a pupil who becomes unwell to the school office or medical room without appropriate supervision;
- Penalising pupils for attendance issues that are directly linked to their medical condition, such as hospital or medical appointments;
- Preventing pupils from drinking, eating, or accessing the toilet when needed to effectively manage their condition;
- Requiring parents/carers, or making them feel obliged, to attend school to administer medication or provide medical or personal care (including toileting). No parent/carer should have to stop working because the school is unable to meet a child's medical needs;
- Creating unnecessary barriers to participation in any aspect of school life, including educational visits, for example by requiring parents to accompany their child.

18. 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.

18.1 Staff providing support to pupils with medical conditions will be appropriately insured. 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.

19. Complaints

19.1 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 If concerns cannot be resolved informally, parents/carers may follow the school's formal complaints procedure.