



**Belleville Wix Academy**

**Supporting Children with Medical Needs  
Policy  
(including Administering of Medicines  
and First Aid)**

**Policy agreed by Governors:** June 2021

**Next Review Due:** June 2024

## **Introduction:**

Belleville Wix Academy wishes to ensure that pupils with medical conditions receive appropriate care and support in school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1<sup>st</sup> September 2014. Belleville Wix Academy is an inclusive community that welcomes and supports children with medical conditions. We understand that pupils can suffer from long-term, short-term, chronic and acute illnesses and will provide for all pupils without exception or discrimination to the full extent possible given the appropriate training and support by specialist agencies. This includes both physical and mental health conditions. Belleville Wix Academy will provide all pupils with medical conditions the same opportunities as all other pupils in the school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential and recognises that not every child with the same condition requires the same treatment. This will be achieved through collaboration with parents/carers and medical professionals/ other specialists.

## **Governance:**

The school will have regard to the statutory guidance issued by the Local Authority and as laid out in the documents listed above and we make all efforts to comply in order to meet the needs of all pupils with SEN and Disabilities, including those pupils with medical conditions.

Further information is contained in [Medicines in School WBC](#), [Supporting Pupils at School with Medical Conditions \(DFE\) 2014](#), the [Children and Families Act 2014](#) and the [SEN and Disability Act 2001](#) some of which is summarised below.

This policy should be read in conjunction with Belleville Wix Academy's SEND Policy, Equality Policy, Access Plan and Emergency Plan.

### The policy contains the following information:

- A: Key Roles and Responsibilities
- B: Training Requirements
- C: Medical Condition Registers and Individual Health Plans
- D: Medicines
- E: Transport Arrangements
- F: Education Health Needs Referrals
- G: First Aid
- H: Emergencies
- I: Off-site activities
- J: Complaints
- K: Appendices:
  - 1: Definitions
  - 2: Medical Conditions Flow Chart.
  - 3: IHP example
  - 4: Medical information forms
  - 5: Risk assessment for Injuries (e.g. child on crutches)
  - 6: Medical Incidents Flowchart

## **A - Key Roles and Responsibilities**

### **The LGB of Belleville Wix Academy is responsible for:**

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential within the constraints of the school buildings available.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that staff have access to information, resources, training and materials.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.

### **The SENCO and Headteacher are responsible for:**

- Making staff and parents aware of this policy.
- Supporting the day-to-day implementation and management of the 'Supporting Pupils with Medical Conditions' Policy and Procedures of Belleville Wix Academy in line with the LGB.
- Liaising with healthcare professionals regarding the child's medical needs and training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Ensuring that Individual Healthcare Plans (IHPs) are developed.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- Enabling continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/ care.
- Ensuring medicines are within the prescribed expiry date and stored safely (see section D8).
- *Securing* a defibrillator and arranging appropriate training for specific staff .

### **Staff members are responsible for:**

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance, and allowing pupils to access and administer their medication when and where necessary.

- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Sending a child who may have become ill to the school office or medical room accompanied by someone suitable.
- Being aware of a pupil's needs in relation to food management. This extends to cookery and science experiments with food, as well as menus, individual meal requirements and snacks. It is important to ensure that the catering manager and staff are aware of a pupil's particular requirements.
- Allowing pupils to drink, eat or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

#### **School nurses are responsible for:**

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support.
- Assisting the Headteacher/SENCO in identifying training needs and providers of training.

#### **Parents and carers are responsible for:**

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Keeping their children off school when they are unwell.
- Participating in the development and regular reviews of their child's IHP
- Completing a parental consent form to administer medicine or treatment before bringing medication into school (see Appendix 4), including name of medication, dose, method of administration, time and frequency of administration, other treatment, any side effects
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

*NB/ Parents are the pupil's main carers. On rare occasions, if necessary and particularly with a very young child, school staff may request a parent or a person designated by the parent, to attend the school at the appropriate times in order to administer the medicine. However this practice should have an "end point" agreed at which time the school takes on the tasks involved without the need for the parent to come into school.*

*However, it is unacceptable to require parents, 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 create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g by requiring parents to accompany the child.*

#### **Pupils are responsible for:**

- Providing information on how their medical condition affects them.

- Contributing to their IHP
- Complying with the IHP and complying with administration of their medication

## **B- Training Requirements**

### **Training of staff**

- Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- No staff member may administer prescription medicines or undertake any specific healthcare procedures without undergoing training specific to the condition.
- School will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.

## **C- School Medical Conditions/Health Care Register and Individual Health Plans**

### **Medical conditions register/list**

- Schools admissions forms should request information on pre-existing medical conditions. (See Appendix 5).
- b) A printed SIMs report including medical information is sent out at the beginning of each school year for parents to update.
- Parents have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed.
- If a pupil has a short-term medical condition that require medication during school hours, parents must complete a medication form (Appendix 4) which is provided to parents with explanation.
- Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- A medical conditions list or register is kept, updated and reviewed regularly by the nominated member of staff.
- Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.
- Supply staff and support staff should similarly have access on a need to know basis.
- Medical information and IHPs can be sent ahead to emergency care with permission from parents
- Parents/carers should be assured data sharing principles are adhered to.
- For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

### **Individual Healthcare Plans (IHPs)**

The school uses Individual Healthcare Plans to record important details about individual children's medical needs with chronic illness or potentially life-threatening conditions at school, their triggers, signs, symptoms, medication and other treatments.

Further documentation can be attached to the Individual Healthcare Plan if required (see Appendix 3 for an example of an Individual Healthcare Plan, in this case for a pupil experiencing severe allergic reaction).

### **Individual Healthcare Plans are used by Belleville Wix Academy to:**

- Inform the appropriate staff about the individual needs of a pupil with a medical condition in their care.
- Remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times.
- Identify common or individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
- Ensure that all medication stored at school is within the expiry date.
- Ensure this school's local emergency care services have a time and accurate summary of pupil's current medical management and healthcare in the event of an emergency.
- Remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

### **Individual Healthcare Plans include the following:**

- a) Definition and details of the condition
- b) Management of activities of daily living including food and drink management
- c) Precautionary measures
- d) Treatment
- e) Emergency procedure to be adopted, including named hospital
- f) Staff training
- g) Staff indemnity

## h) Consent and agreement

- Where necessary (Headteachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Special Educational Needs Coordinator (SENCO) and medical professionals or other relevant member of school staff for pupils with complex healthcare or educational needs.
- If under certain circumstances alternative arrangements to the general policy are agreed with parents, these should be highlighted in the Individual Health Care Plan.
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. **In the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.** If parents agree, other pupils who come into contact with the child may be briefed as well, however the pupil's right to confidentiality, privacy and sensitive treatment must also be considered
- All staff who come into contact with a pupil who suffers from a life-threatening condition will be briefed about this condition.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan, the IHP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.
- The school will not penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- IHPs will be developed in conjunction with the relevant specialists and school nurse and parents.

**A flow chart representing the process for identifying, recording and supporting medical needs can be seen in Appendix 2.**



## D- Medicines

### **Administration of medicines**

- The school understands the importance of taking the medication as prescribed.
- Prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form (Appendix 4).
- No child will be given any prescription medicines without written parental consent. Commercially available painkillers may only be administered when provided by parents, and accompanied by a note to that effect. **A pupil under sixteen years of age should never be given medication containing Aspirin unless it is prescribed by a Doctor, as it may cause a severe illness in young children.**
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Medicines will only be given to the named pupil.
- Written records will be kept of medication administered to children, excluding asthma pumps.
- Staff will not force a pupil to take their medication if the pupil refuses to comply with their health procedure. The resulting actions will be clearly written into the IHP which will include informing parents as a matter of urgency. If necessary, the school should call the emergency services.
- All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to pupils under the age of 16 with parental consent.
- The Governing Body /Academy Proprietor is responsible to ensure full insurance and indemnity to staff who administer medicines. The insurance policy must include liability cover.
- Administration of medication which is defined as a controlled drug (even if the pupil can administer themselves) should be done under the supervision of a member of staff.
- Where medicines are administered by syringe each syringe must be clearly labelled with the child's name. Oral syringes and spoons should ideally be dish-washed at a temperature of 65°C with spouts upwards before air drying. They may also be washed and rinsed in very hot water and air dried.
- Where a school's policy is not to administer a particular medicine or undertake a particular procedure, the school must inform the parents as soon as possible. The school must be able to justify and give reasons why it cannot reasonably administer the medication/procedure. Arrangements should be agreed in writing as to what the school is prepared to do in the event of a medical emergency. Written parental agreement should be secured that the arrangements are acceptable to them, and the SNAS should be informed of the arrangements.

### **Storage of medication**

- All non-emergency medication is kept in individual containers, supplied and clearly labelled by the pharmacist, in a lockable cupboard in the main school office and is labelled with names, a photo of the child, dosage instructions and expiry date.
- Where a pupil needs two or more prescribed medicines, each should be in separate containers.
- Some medicines, such as such as inhalers for asthma, must be readily available to pupils and should not be locked away.
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- Medications will be stored by the School Office.
- Any medications left over at the end of the course will be returned to the child's parents.
- Emergency salbutamol inhaler kits may be kept voluntarily by school

- Pupils with medical conditions know where their medication is stored and how to access it.
- Staff ensure that medication is only accessible to those for whom it is prescribed.
- The nominated member of staff ensures the correct storage of medication at school.
- Every half term the nominated member of staff checks the expiry dates for all medication stored at school.
- The nominated member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupils name, the name and dose of medication and the frequency of dose. This includes all medication that the pupils carry themselves.
- All refrigerated medication is stored in an airtight container and is clearly labelled. This is in a secure area, inaccessible to unsupervised pupils.
- It is the Parent/Carer's responsibility to ensure new and in date medication comes into school the first day of the new academic year.

*NB/ It is good practice to allow pupils who can be trusted to manage their own medication from a relatively early age, depending on their degree of maturity. We encourage this, with the agreement of the pupil's parents or carers. If pupils can administer their medication themselves, staff need only supervise the process. However, written parental consent is required. Many schools allow pupils to carry their own inhalers.*

### **E- Transport Arrangements**

- Where a pupil with an IHP is allocated school transport, the school should invite a member of the transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the transport team will ensure that the information is supplied when a change of operator takes place.
- For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- When prescribed controlled drugs need to be sent in to school via school transport, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
- Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

### **F- Education Health Needs Referrals**

- All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education will be provided for under the local authority's duty to arrange educational provision for such pupils.
- In order to provide the most appropriate provision for the condition the SEN team accepts referrals where there is a medical diagnosis from a medical consultant.

## **G – First Aid**

### **First Aiders**

- All nominated personnel will undertake training in first aid and administration of medicines.
- A record of all trained First Aiders will be on display in each room of the school.
- A first aider must be consulted in the event that a child or member of staff sustains a major injury or injury of the following nature:
  - Serious head injury
  - strains, sprains, twists (with swelling)
  - Heavy/spurting bleeding
  - Burns
  - Severe nose bleed
  - Suspect sprain or break
  - Stings: i.e. bees/wasps/insects (due to the possibility of allergic reaction)
- A First Aider need not be sought in the event of minor incidents that may be treated with Pastoral Care. Examples of these are:
  - Minor cuts, grazes and abrasions
  - Pupils who fell – or who are actually – sick
  - Toothache, headache, tummy ache
  - Minor marks to the body (bruises), skipping rope burns etc
- The administration of items such as antiseptic creams, lotions etc is not permitted in case of an allergic reaction. Cuts and grazes must be treated with non-alcohol wipes or clean gauze and clean water. Plasters should be applied where applicable, but in the event of a known allergy ONLY Micropore should be applied.
- Gloves should be worn when treating open wounds wherever possible and any bodily fluids, dressings, gloves etc disposed of in yellow bags/bins.

### **Records and Reporting**

- All injuries that are treated and /or require the administration of a dressing must be recorded on a first aid slip stored in the first aid boxes.
- Serious injuries including head injuries, broken bones, strains and sprains must be recorded on the appropriate accident form and a copy given to the Parent/Carer as soon as possible.
- If these injuries require the attendance of an ambulance or further medical treatment the Internal Report of an Accident, Assault, Occupational Disease or Near Miss or RIDDOR form may also be completed and given to the First Aid Lead and a member of the Senior Leadership Team.
- Parents/Carers of children who have sustained any type of head injury will receive a standard written letter from the school.

### **Phone Calls**

- Parents/Carers will be contacted by phone in the event of a child sustaining a serious injury such as a head injury or suspect stain, sprain or break.
- 'Courtesy' calls will be made when a child has had a knock to the head (or anywhere else on the body), but presenting no apparent discomfort or upset.
- Each call made must be logged in the office. In the event that a parent/guardian cannot be contacted immediately each failed attempt will also be logged.
- In the event of not being able to contact a parent/guardian, the child will be placed under close supervision or the appropriate action will be taken, i.e. the request of an ambulance.

### **Children Going Home**

- If a child is to be sent home due to illness or injury, the first aid lead and a member of the Senior Leadership Team must be informed.

**Intimate care**

- In the event if an injury/soreness in an area of the body that could be described as intimate, 2 or more first aiders must be present during examination.
- Two members of staff will supervise children requiring personal changing due to soiling where at all possible.

**First Aid during class time/clubs run by school staff**

- Minor incidents should be dealt with by the teacher or TA. If there is vomit or other residue of the incident to be cleared up, the Premises Officer will be asked to assist if on site. Each usage must be reported to the First Aid Lead.
- Children who need to be sent home will be accompanied to the school office. A phone call home will be made and logged by the school office personnel.

**First Aid at lunchtimes and playtimes**

- All injuries can be assessed by the nearest adult who may then decide (dependent on severity of injury) to send the child to a nominated first aider. The cleaning and dressing of minor abrasions can be undertaken by any school personnel and does not require the attention of a first aider.
- All staff are responsible for their 'patient' until responsibility can be handed over to a parent/guardian or another first aider. Under no circumstance must a child be left in the school office unattended.

**First Aid in Extra Curricular Activities run by other staff/agencies**

- Staff who are paid by parents/carers to run activities on the school site are responsible for the safety and welfare of the children in their care. As such, it is their responsibility to ensure they have adequate information about the child's needs, adult supervision, training, equipment and contact details in case of a medical condition, accident or medical emergency.

## H- Emergencies

### **Emergencies**

- In an emergency situation school staff are required under common law duty of care to act like any reasonable prudent parent/carer. **This may include administering medication.** Appropriate basic life support measures should be taken to help pupils to breathe more easily and improve their circulation.
- When personal or invasive medicine or medical care has been administered by school staff in an emergency, medical assistance may still be needed urgently, and should be summoned by dialling 999 straight away. The person making the call will be asked to provide relevant information. Ambulance personnel should be given written information about the treatment given, and parents should be informed of the situation.
- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- All first-aid trained staff should know how and when to place an unconscious person in the recovery position and ensure that the airway is clear.
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- Pupils with epilepsy may need a quiet place to rest and recover after a seizure, and be allowed to recover at their own pace.
- If a pupil needs to be taken to hospital before their parent/carer can accompany them (only in situations where immediate movement to hospital is necessary), a member of staff will remain with the child until their parents arrive. The staff member concerned should inform a member of the schools senior management. In other situations, a parent/carer will be asked to come to school to accompany their child to hospital. Staff involved in home-to-school transport under the responsibility of the local authority are also kept up-to-date about a child or young person's medical needs via the Individual Healthcare Plan.
- Designated staff have First Aid training in accordance with sections B & C.
- The school uses Individual Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.
- For pupils with an IHP, this will be forwarded to the relevant emergency personnel including the hospital.
- All pupils with medical conditions should know how to access their emergency medication.
- Pupils are encouraged to administer their own medication (e.g. epipen) where possible and should know where it is stored or carry it with them unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site or residential visits.
- For children suffering accidents resulting in injuries such as broken legs and other mobility difficulties an accident/emergency risk assessment will be completed regarding their care needs at school (see appendix 6).
- All staff who come into contact with a pupil who suffers from a life-threatening condition will need to be briefed about this condition. Schools may choose to keep a notice of advice to staff about the pupil's medical needs, in clear sight in a frequently used place such as the staff room. If parents agree, other pupils who come into contact with the child may be briefed as well, however the pupil's right to confidentiality, privacy and sensitive treatment must also be considered.

## **I- Off site activities**

### **e.g. Day trips, residential visits and sporting activities**

- Unambiguous arrangements should be made in the risk assessment process and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice risk assessments for outdoor activities and school visits should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. The risk assessment also helps to identify any reasonable adjustments that need to be made. These should be done in advance in collaboration with parents and specialists including the School Nurse, or the LA if necessary. This will be separate to the normal day to day IHP requirements for the school day.
- A basic first aid kit must be taken on all excursions out of school. The collection and return of first aid kits are the joint responsibility of the class teacher and accompanying first aider.
- In the case of accidents occurring out of school but involving medical or healthcare provision where necessary, a risk assessment (Appendix 6) and/or Individual Healthcare Plan will be completed accordingly following the above procedures.
- Additional support may be provided accordingly and in line with responsibilities outlined in section A.

## **J- Complaints**

- All complaints should be raised with the school in the first instance, as per the Complaints Policy
- The details of how to make a formal complaint can be found in the School Complaints Policy.

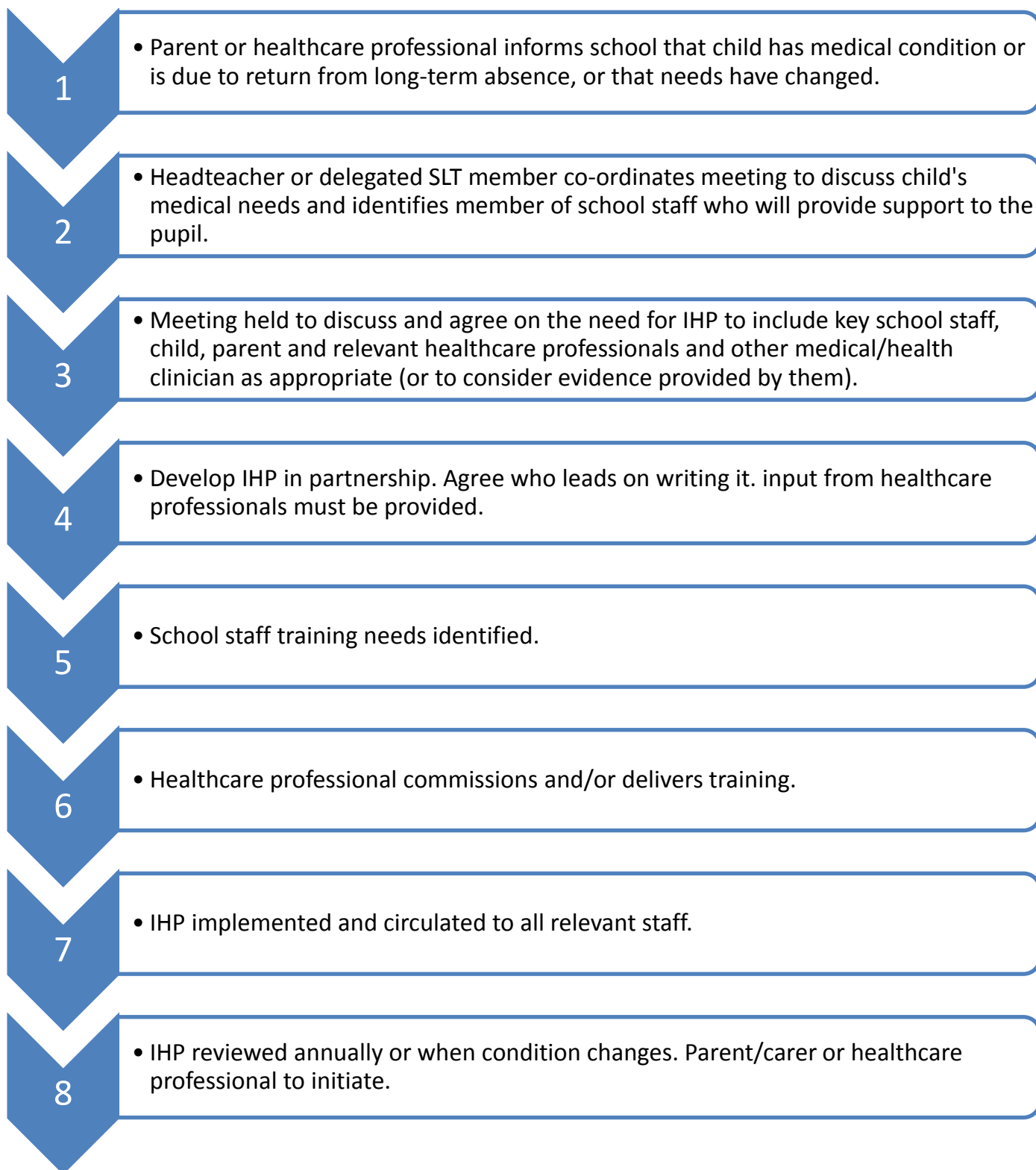
## **K : Appendices**

### **Appendix 1: Definitions**

- a) 'Parent(s)'/Carers is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- b) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered.*
- c) 'Medication' is defined as any prescribed or over the counter treatment.
- d) A medicine is defined as any substance used, especially internally, for the treatment or prevention of disease or medical conditions. Medical care may include the need to help a pupil with a tracheostomy, or in rare circumstances, a pupil requiring tube feeding (gastrostomy).
- e) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- f) A 'staff member' is defined as any member of staff employed at Belleville Wix Academy.



## Appendix 2: Supporting Pupils with Medical Conditions Flowchart



**Appendix 3: An Example of an INDIVIDUAL HEALTH CARE PLAN**

**Individual healthcare plan**

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

**Family Contact Information**

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

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## **Appendix 4: Examples of Parental Medical Administration Consent Form**

### **ADMINISTRATION OF MEDICATION IN SCHOOL**

There are certain circumstances in which a child may be prescribed medication that may need to be administered during the school day. If the prescribed doses cannot be administered before and after school then a member of staff, at their own discretion, may consider accepting responsibility for the administration of medication.

- The child must be well enough to attend school. They should not be in acute stages of infection.
- Prescription only medication will be considered for acceptance by staff. The school will not accept painkillers or over the counter bought medication unless they have been prescribed. These types of medication should be administered before and after school.
- The acceptance of any medication will be decided solely on the regularity of dosage and the condition under which they have to be administered whether they need to be taken with or after food. If medication need only be taken twice a day they will be returned to the parent/carer.
- Wherever possible the parent/carer should administer the mid-day dosage and keep possession of medication. If it is not all possible for the parent/Carer to administer the medication then a responsible adult should hand the clearly labelled medicine to member of the office staff with the correct form filled out and signed.
- All staff members reserve the right to refuse responsibility for medication at their own discretion.
- The medication should be in the original container, clearly marked with child's name, name of medication, dosage and storage instructions. It must be clearly stated whether any side effect or adverse reactions may occur from failure to receive medication or following administration.
- Depending on the age of the individual, it may be considered safe for a child to administer his/her own medication with adequate adult supervision.
- A record of all medication given or supervised must be kept. A suitable proforma is available for use.
- Any member of staff accepting responsibility must be satisfied that adequate instruction is given where special or unfamiliar procedures are involved.
- All medication will be placed in safe and secure cupboard, out of reach of children. Special storage requirements must be considered before accepting responsibility, e.g. refrigeration.

**REQUEST FOR SCHOOL TO STORE AND ADMINISTER**

**MEDICATION**

The school **will not** give child your medicine unless you complete and sign this medication form.

DETAILS OF PUPIL

Surname: -----

Forename(S): -----

Address: ----- M/F: -----

----- Date of Birth: -----

----- Class: -----

Condition or Illness: -----

MEDICATION

Name/Type of medication (as described on the container): -----

For how long will the child take this medication: -----

Date dispensed: -----

FULL DIRECTIONS FOR USE

Dosage and method: -----

Timing: -----

Special precautions (storage/administration): -----

Side effects: -----

Self-administration:-----

Procedure to take in an emergency: -----

CONTACT DETAILS

Name: ----- Daytime Telephone no: -----

Relationship to pupils: -----

Address: -----

-----

I understand that I must deliver the medicine personally to the office staff and accept that this is a service, which the school is **not obliged** to undertake.

Parent/Guardian signature: ----- Date: -----

Relationship to pupil: -----

Signature of staff member: -----

# Belleville Wix Academy Risk Assessment -Injuries

## **Section A: Student Details**

<b>Name:</b>	
<b>Address:</b>	<b>Class:</b>
<b>Date of Birth:</b>	<b>Weight:</b>
<b>Independent – no further action required</b>	<b>Height:</b>

## **Section B: Assessment**

	<b>Comments</b>
<b>1. Relevant Medical History</b>	Include details of epilepsy, surgery, orthopaedic concerns e.g. hip dislocation etc.
<b>2. Physical Disability</b>	Diagnosis and symptoms
<b>3. Psychological</b>	Cooperative?
<b>4. Pain Status</b>	Permanent or temporary pain areas which may affect ability to participate in transfers or need to be considered when handling
<b>5. Pressure Areas</b>	
<b>6. History of falls</b>	
<b>7. Cultural/ religious considerations</b>	
<b>8. Day/Night or Day-to-day variation</b>	
<b>9. Attachments and equipment</b>	Gastro/NG tubes/ trachi/Splints/boots/braces/orthotics

## Section C: Environmental Assessment

**Location:**

	<b>Hazards identified</b>	<b>Actions to be taken</b>
<b>Space constraints on movement of handler/ equipment</b>		
<b>Access</b>		
<b>Steps/stairs</b>		
<b>Flooring</b>		
<b>Slip/ trip hazards</b>		
<b>Furniture – height/ moveable/ condition</b>		
<b>Temperature, lighting, humidity</b>		
<b>Equipment power supply</b>		
<b>Other – Hydro</b>		
<b>Other – PE</b>		



**Section D: Students Current Manual Handling Needs**

**(Please specify appropriate method, equipment required and number of staff required)**

<b>Does the pupil need help to...</b>	<b>Y/N</b>	<b>Method to be used</b>	<b>Associated risks (to staff or pupil)</b>	<b>Aims for pupil in transfer</b>	<b>Equipment to be used</b>	<b>No. of staff</b>
<b>FLOOR MOBILITY</b>						
<b>Rolling</b>						
<b>Turning around in lying</b>						
<b>Lying to sitting</b>						
<b>Creeping</b>						
<b>Crawling</b>						

Does the pupil need help to...	Y/N	Method to be used	Associated risks (to staff or pupil)	Aims for pupil in transfer	Equipment to be used	No. of staff
<b>SITTING</b>						
Sitting on floor						
Sitting on box/stool						
Sitting at tables						
Sit to stand from box						
Sit to stand from chair						
Sit to stand from floor						

Does the pupil need help to...	Y/N	Method to be used	Associated risks (to staff or pupil)	Aims for pupil in transfer	Equipment to be used	No. of staff
<b>STANDING, WALKING AND MOBILITY</b>						
Standing without holding						
Standing holding ladder or tables						
Walking with ladder						
Walking with walking frame						
Walking without holding						
Walking in parallel bars						
Side-stepping						

Does the pupil need help to...	Y/N	Method to be used	Associated risks (to staff or pupil)	Aims for pupil in transfer	Equipment to be used	No. of staff
<b>TRANSITIONS BETWEEN EQUIPMENT</b>						
Chair to floor						
Floor to chair						
Chair to standing frame						
Standing frame to chair						
Chair to wheelchair						
Wheelchair to chair						
Standing to changing bed						
Changing bed to standing						
Chair to changing bed						
Changing bed to chair						

**Additional Comments**

Signed: Date \_\_\_\_\_

Person compiling assessment \_\_\_\_\_ Position \_\_\_\_\_

Parent/carer \_\_\_\_\_

Class Teacher \_\_\_\_\_

**PLEASE ENSURE THIS IS SHARED WITH ALL STAFF INVOLVED WITH CHILD.**

## Appendix 6



### Medical Incident – Flowchart of Procedure

