

BELMONT INFANT & JUNIOR SCHOOLS

SUPPORTING MEDICAL CONDITIONS IN SCHOOL POLICY

That the school recognises its duties under the Equality Act 2010 to make reasonable adjustments for pupils with medical conditions.

1. Roles and responsibilities

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities at school as any other child.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The Headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual health care plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.

- Being sensitive to the needs of pupils with medical conditions.

The lead First Aiders will be responsible for:

- Having overall responsibility for the development of IHPs
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.
- Providing support to pupils with medical conditions, where requested, including the administering of medicines.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

School staff will be responsible for:

- The Assistant Headteacher for Inclusion is the named person responsible for coordinating medical needs.
- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The school nurse will be responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Integrated Care Boards (ICBs) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

2. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

3. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the parent or school nurse will inform the Headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

We recognise that temporary impairments may also be disabilities under the Equality Act. Unexpected, short term conditions such as broken bones: the parent must inform the school. The school will arrange a meeting with parents to discuss a temporary IHP (BIS) / Risk Assessment (BJS on MedicalTracker). The school will put in short term measures such as ensuring the child is off the playground for an agreed number of weeks, observing in PE. The School will ensure a picture of the child and key points from the IHP are displayed in the staff room (dated, with a time period) and all staff are aware of the plan.

- Temporary disabilities will trigger the same duty to make reasonable adjustments as long-term conditions.
- Temporary IHPs will be reviewed weekly or fortnightly, depending on clinical advice.
- Staff will be informed of temporary adjustments through a dated notice in the staff room.

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by school staff or the school nurse through the development and review of IHPs and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

- All staff supporting medical needs must complete annual refresher training.
- Competency sign-off will be documented and stored with the IHP.
- Staff will participate in scenario-based emergency drills (e.g., asthma attack, anaphylaxis, seizure).
- Training records will be reviewed annually by the Office Manager and / or School Business Manager.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on regularly for all staff, and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the Office Manager or SBM and provided by the following bodies:

- Commercial training provider
- The school nurse
- A local Hospital e.g. the Whittington
- GP consultant
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

SLT will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

4. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. In the Junior School class medical boxes containing all medication and a medical kit are moved around the school with the class. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken.

5. Individual Healthcare Plans (IHPs)

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the Headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities

- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA, hospital and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

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

6. Managing medicines

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

Pupils will not be given medicines without their parents' written consent. Pupils will only be given medicines prescribed by a doctor. Non-prescription medicines will only be administered when instructed by a medical professional. No pupil will be given medicine containing aspirin unless prescribed by a doctor. Prescribed pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept prescribed medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

7. Asthma

Inhalers are given to the school to be looked after. Reliever inhalers kept in the school's charge are held in the pupil's classroom in the designated storage box (Juniors) and in the appropriate medical room (Infants). Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent and the school nurse agree that they are old enough and/or have sufficient capabilities and independence

Parents are required to label their child's inhaler with the child's full name and year group. Parents will ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, or is lost or forgotten.

Members of staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the pupil to sit up and slightly forwards – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a member of suitably trained first aid staff to care for the pupil and help administer an emergency inhaler.
- Ensure the pupil takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the pupil.

Staff will not administer any medication where they have not been trained to do so.

If there is no immediate improvement, staff will continue to ensure the pupil takes 2 puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a **maximum of 10 puffs**. If there is no improvement before the pupil has reached 10 puffs:

- Call 999 for an ambulance.
- If an ambulance does not arrive within 10 minutes, the pupil can administer another 10 puffs of the reliever inhaler as outlined above.

Staff will call 999 immediately if:

- The pupil is too breathless or exhausted to talk.
- The pupil is going blue.
- The pupil's lips have a blue or white tinge.
- The pupil has collapsed.
- You are in any doubt.

As reliever medicine is very safe, staff will be made aware that the risk of pupils overdosing on reliever medicine is minor. Staff will send another pupil to get another member of staff if an ambulance needs to be called. The pupil's parent will be contacted immediately after calling an ambulance. A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent arrives. Generally, staff will not take pupils to hospital in their own car unless in exceptional circumstances, e.g. where a pupil is in need of professional medical attention and an ambulance cannot be procured.

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form. The school keeps a record of all pupils with asthma, complete with medication requirements, in its asthma register. Parents will be required to inform the school of any changes to their child's condition or medication during the school year.

Games, activities and sports are an essential part of school life for pupils. All teachers will know which pupils in their class have asthma and will be aware of any safety requirements. Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma. If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

8. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

Where a pupil has been prescribed an AAI, this will be written into their IHP. Parents will be responsible for ensuring the school has the correct AAI amount. IHPs for pupils requiring AAIs will specify the correct dose based on age:

- Under 6 years: 150 micrograms
- 6–12 years: 300 micrograms

The school will review AAI dose requirements annually and update IHPs accordingly. A lessons-learned summary will be shared with staff and used to update procedures. Each incident will trigger a formal review, including:

- Timeline of events
- Staff response
- Medication used
- Recommendations for improvement

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. These are in class medical boxes. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and location: the EYFS or KS1 medical room.

New statutory requirements from September 2026 (Benedict's Law), schools must:

- Legally stock "spare" adrenaline auto-injectors for use in emergency situations
- Provide allergy awareness training for all staff — covering recognition of symptoms, emergency response and the use of adrenaline devices
- Maintain an incident recording and lessons-learned process following any allergic reaction.

Belmont Infant & Junior Schools stock spare adrenaline auto-injectors for use in emergency situations and ensure the vast majority of staff are trained in anaphylaxis (and asthma & epilepsy) training session through The Haringey School Nursing Service who offer online training very regularly.

Staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by trained staff members.

In the event of anaphylaxis, a trained staff member will administer the AAI. Where there is any delay in contacting a qualified staff member, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in each medical room, ensuring that they are protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI is used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them.

9. Record keeping

Written records will be kept of all medicines administered to pupils in the Infants. In the Junior School Medical Tracker is used. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in [Appendix D](#) and [Appendix E](#).

10. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it will detail:

- What constitutes an emergency;
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

In life-threatening emergencies, medication may be administered without prior written consent, in line with clinical guidance. Life-threatening emergencies include: anaphylaxis, severe asthma attack, seizure with compromised breathing, or any situation where delay could result in significant harm. Parents will be contacted **immediately after** emergency medication is administered.

11. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

Each trip will have a designated **Medical Lead** responsible for medication, IHPs and emergency response. A **trip-specific medical risk assessment** will be completed for all pupils with medical needs. Emergency medication will be carried by a **trained adult**, not stored in luggage or left on transport. Adjustments to IHPs for trips will be documented and shared with staff.

12. Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

13. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with Zurich covering liability relating to the administration of medication. The policy has the following requirements:

All staff providing such support will be provided with access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

14. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

15. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

16. Defibrillators

The school has two automated external defibrillator (AED). The AEDs are stored in the medical room in an unlocked, alarmed cabinet in the Infant School and in the main entrance of the Junior School. AEDs are registered with **The Circuit**, the national defibrillator network.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a monthly basis by the lead First Aider, who will also keep an up-to-date record of all checks and maintenance work.

17. Monitoring and review

This policy is reviewed on an annual basis by the governing board. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Individual Healthcare Plan Implementation Procedure



Appendix 1

Belmont Infants parental agreement for administration of medicine

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

Name of child

Class

Medical condition or illness

Medicine

Name/type of medicine

(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature _____

Date _____

Appendix 2

Belmont Infants record of medicine administered to an individual child

Name of child	
Date medicine provided by parent	/ /
Class	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature: _____

Signature of parent _____

Date	Time	Name of medication	Dose prescribed	Dose given	Staff initials

Belmont Junior School

Parental consent for administration of medicines during residential visits

TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD REQUESTING THAT DRUGS BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF WHILE ON A SCHOOL RESIDENTIAL VISIT.

All pupils will be supervised when taking medication.

Trip _____ Dates _____

Named staff _____

Please complete in block letters :

Name of Child: _____ Date of Birth _____

Doctor's name and Contact No. _____

I give permission for my child to be administered with the following non-prescribed medicines (at the dosage recommended for their age) at the discretion of the trip leader or other member of staff named above. I agree that the school may supply the stated medicine.

Medication		Standard dosage	Tick if permission given	Describe previous side effects, if any.
Paracetamol 6+ (250mg paracetamol/5ml)		As recommended on packaging		
Ibuprofen		As recommended on packaging		
Anti-histamine	Cream	As recommended on packaging		
	Oral medication	As recommended on packaging		
Sun cream		As required		

I would like the school staff, named above, to administer the following medicines which I will supply.

Non-Prescribed Medicines (e.g. Travel sickness pills)

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I can be contacted at the following address/ telephone during the trip:

Address _____

Telephone _____

Name: _____ Signed: _____ Date: _____

Belmont Infant School

First Aid



Key:

- First Aid kits
- Emergency medicines in a plastic box cupboard with the photos of the children and details of their medical needs
- Photos of the children and details of their medical needs displayed for staff reference
- Haringey spare Jext® Adrenaline auto injections pens

Appendix 5

Belmont Infant & Junior Schools Individual Healthcare Plan (IHCP)

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Affix photo

Family Contact Information

1. Name

Relationship to child

Mobile phone no

Work phone no.

2. Name

Relationship to child

Mobile phone no.

Work phone no.

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing
support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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 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

Parent / carer signature and date

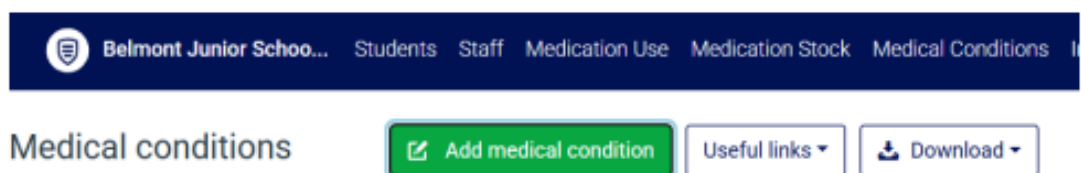
Appendix 6

Belmont Junior Risk Assessment (on MedicalTracker)

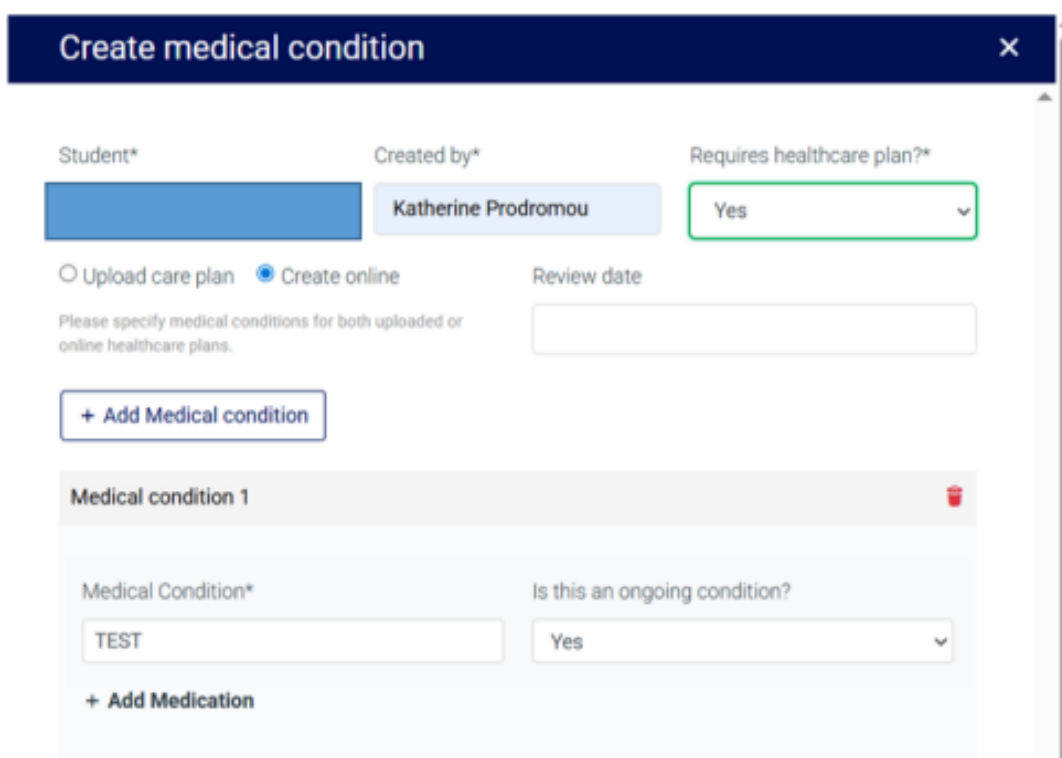
Risk assessments at Belmont Junior School

We will continue to use Medical Tracker to share information about Medical Conditions and injuries.

Staff will add a Medical Condition for long-term and short-term concerns.



Staff will then create online and add a suitable review date (as provided by parents or medical professionals).



Typically, you'll include:

The **condition** (e.g. sprained ankle)

Control measures already in place (child will remain inside at breaktimes and lunchtimes)

Further actions required (child will need support to be evacuated in an emergency. They will need adult support to use the stairs/lift)

Staff responsible and **review date**

Attach supporting information - Upload any relevant documents (e.g. care plans, medical letters) and link staff who need visibility.

Create medical condition



Condition(s) and individual symptoms

Daily care requirements

Procedures to take in an emergency

Follow up care

GP Details

Who is responsible

Notes

Save

Previous

Cancel

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Appendix 7

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows [insert school/setting address]
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone