Supporting Pupils with Medical Needs and First Aid Policy

Clarity Independent School

Bridge Barn Farm
Woodhill Road
Sandon
CM2 7SG

Clarity Independent School is committed to safeguarding...

"Our school is committed to our whole-school approach to safeguarding, which ensures that keeping children safe is at the heart of everything we do, and underpins all systems, processes and policies...We promote an environment where children and young people feel empowered to raise concerns and report incidents and we work hard in partnership with pupils, parents and caregivers to keep children safe."

Clarity Safeguarding Policy September 2026

Written by Debbie Hanson
Headteacher

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Supporting Pupils with Medical Needs Policy

Policy Statement

The Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical needs.

Legislation and guidance:

DfE Supporting Pupils at School with Medical Conditions (August 2017).

This is based on advice from the Department for Education on first aid in schools and health and safety in schools, and guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, (updated 2018 and 2024) which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to assess the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, (updated April 2026) which require that suitable space is provided to cater for the medical and therapy needs of pupils
- This policy complies with our funding agreement (National Schools Contract NSC) with the Local Education Authority.

Links with other policies:

- Health and safety policy
- Risk assessment policy
- Accessibility policy, plan and audit
- Asthma Policy
- Mental Health and Wellbeing Policy

Definition

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

(a) Short-term affecting their participation in school activities when they are on a course of medication.

(b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

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The DfE published guidance on supporting pupils with medical conditions, paragraph 14 states: "Schools do not have to wait for 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 the available evidence. This will involve some form of medical evidence and consultation with parents."
First aid – help given to a sick or injured person until medical treatment is available.

Aims and Objectives

- Ensure that all pupils at Clarity Independent School with medical conditions, in terms of both physical and mental health, are properly supported in school and can access and enjoy the same opportunities as any other child, so that they can play a full and active role in school life, remain healthy and achieve their academic potential
- To commit to making reasonable adjustments to the development and/or adaptation of school facilities for children with medical conditions
- Ensure the health and safety of all staff, pupils and visitors
- Ensure all staff are aware of their responsibilities, with regards to health and safety
- To ensure that staff are properly trained to provide the support that pupils need
- To monitor and keep appropriate records on pupils' medical needs
- Provide a framework for responding to an incident, and recording and reporting the outcomes
- To liaise with appropriate agencies to facilitate an effective response to the needs of children with medical conditions

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Our school's ability to provide effective support ensures that we work cooperatively and with other agencies. Partnership working between our school, healthcare professionals, the local authority and parents and pupils is critical. We identify collaborative working arrangements between those involved as those below, this ensures that the needs of pupils with medical conditions are met effectively.

Appointed first aiders

A risk assessment has been conducted to inform the need for appointed first aiders for the workplace. The school has appointed first aiders for the workplace, who are trained to level 3 to administer first aid to staff. This training is updated every 3 years, along with annual refreshers online and weekly online bite-sized updates. Their names and certificates will also be displayed on the first aid room door.

Debbie Hanson, Michelle Deveney, Richard Clow, Sam Powell

All other teaching staff are qualified to level 2, to administer basic first aid to pupils, and update their training annually.

The school's appointed persons are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

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- (With the support of the Site Manager and Office Manager) ensuring there is an adequate supply of medical materials in first aid kits, monitoring expiry dates, and replenishing the contents of these kits

First aiders are trained and qualified to carry out their role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Deciding and liaising with SLT regarding when to send pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see Appendices 4 and 5 for pupils and staff respectively.)
- Keeping their contact details up to date

Headteacher

- Ensuring that the school's policy is developed and implemented effectively with partners
- Ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- Ensuring that all staff who need to know are aware of a child's condition
- Ensuring that appointed persons are aware of staff health needs, writing staff individual healthcare plans with staff based upon their health risk assessment
- Ensuring that sufficient trained numbers of staff and appointed persons are always available in the school, to implement the policy and deliver first aid detailed on individual healthcare plans, including in contingency and emergency situations
- Ensuring that all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures put in place
- Ensuring adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary through RIDDOR procedures
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role. (This is recorded and monitored on the school's 'Accredited Training Manager' document.)
- Taking overall responsibility for the development of individual healthcare plans; staff and pupils'
- Ensuring that school staff are appropriately insured and are aware that they are insured to support pupils in this way
- Ensuring the school nursing service is contacted in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse

School Staff are Responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and appointed persons in school are
- Completing accident reports (see Appendices 4 and 5) for all incidents they attend to where an appointed person is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs to inform their risk assessment and IHCP if necessary

- Providing support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- Receiving suitable training and achieving the necessary level of competency before they take on responsibility to support children with medical conditions
- Ensuring that they know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

School Nurses where applicable (e.g. diabetes, anaphylaxis, asthma)

- Responsibility for notifying the school when a child has been identified as having a medical condition which will require support in school
- Supporting staff in implementing a child's individual healthcare plan and providing advice and liaison, for example on training
- Liaising with lead clinicians locally on appropriate support for the child and associated staff training needs
- Providing advice and support in relation to children with a medical condition

Other Healthcare professionals, including GPs and Paediatricians

- Responsibility 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 healthcare plans
- Providing specialist support for schools for children with conditions, i.e. asthma, anaphylaxis and diabetes

Pupils

- Ensuring they provide information about how their condition affects them
- Participating in discussions about their medical support needs and contributing to the development of, and comply with, their individual healthcare plan

Parents/Carers

- Providing the school with sufficient and up-to-date information about their child's medical needs and emergency contact details
- Developing and reviewing their child's individual healthcare plan with the Class teacher/Keyworker and the Headteacher/Assistant Headteacher
- Carrying out the action they have agreed as part of the implementation of the Individual Health Care Plan, i.e. providing medicines and equipment
- Ensuring they or another nominated adult are always contactable and provide up to date contact details

Local Authority

- Ensuring the promotion between relevant parties with a view to improving the well-being of children so far as relating to their physical and mental health, and their education
- Providing support, advice and guidance, including suitable training for school staff to ensure that the support specified within individual healthcare plans can be delivered effectively

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- Supporting the school to support pupils with medical conditions to attend full time

Health Service Providers

- Ensuring appropriate communication, liaison with school nurses and other healthcare professionals such as specialists and children's community nurses
- Participating in outreach and training

Integrated Care Systems (ICSs)

- Ensuring that commissioning is responsive to children's needs, and that health services can co-operate with the school when supporting children with medical conditions
- Encouraging health services in providing support and advice

Procedures and principles at Clarity Independent School

When pupils are diagnosed with a medical condition and / or (in the absence of diagnosis) a medical information / symptoms are shared with the school, an Individual Health Care Plan (IHCP) is created (Appendix 7). This is developed with the child's best interests in mind, ensuring that the school assesses and manages risks to their education, health and social well-being and minimises disruption. Where the child has a special educational need identified in an EHC plan, the IHCP should be linked to or become part of that statement or EHC plan. The presence of an IHCP for a pupil, is noted on the pupil's individual Pupil Profile.

Procedure when notification is received that a pupil has a medical condition and process for developing Individual Health Care Plans (IHCP)

Procedure to be followed when a healthcare plan is identified to support a child's medical condition:

- The IHCP development and implementation must include input from the pupil (if appropriate) parents/carers, class teacher/keyworker, SLT, and health professional
- The IHCP must be reviewed and updated annually or as the medical condition requirements change
- The presence of an IHCP will be noted on the child's individual Pupil Profile
- IHCPs must be stored in the pupil's e-folders on google drive and iCloud-desktop, displayed in the staffroom for all staff to access them while protecting a child's confidentiality.
- General medical information to help support the school's medical needs will be displayed in the staffroom.
- When a child returns to school after being educated off site (i.e. hospital, home tuition or alternative provision) the school to work with LA to support reintegration back into school.

In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and (if they are not a first aider) seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives.
- The first aider will also decide whether the injured person should be moved or kept still, (or other procedures applied such as being placed in a recovery position or conducting CPR.)

- If the first aider judges that a pupil is too unwell to remain in school, they communicate with the school office who (with approval from SLT) will contact the child's parents and ask them to collect their child. Upon their arrival, the first aider will recommend next steps to the parents, including that if they have concerns they should seek healthcare advice, e.g. from the GP or call 111.
- If emergency services are called, the Senior Leadership Team (SLT) will contact parents immediately. Teachers must not contact parents without prior expressed permission from SLT.
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.
- There will always be at least 1 appointed staff first aider who has a current Appointed Persons first aid certificate on the premises and / or with the pupils when offsite.

Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit including, at minimum, as recommended by the HSE:
    - A leaflet giving general advice on first aid
    - 6 individually wrapped sterile adhesive dressings
    - 1 large sterile unmedicated dressing
    - 2 triangular bandages – individually wrapped and preferably sterile
    - 2 safety pins
    - Individually wrapped moist cleansing wipes
    - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils including any medications / medical resources needed
- Any specific medicine and / or equipment needed for managing the child's health, e.g. defibrillator, autoinjector – these will be signed in / out. (The need for these will be risk assessed and listed on the Trip Authorisation Form)

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings (plasters)
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)

- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by class teacher, supported by the Assistant Head, prior to any educational visit that necessitates taking pupils off school premises, and in accordance with the Trip Authorisation Form (Health and Safety Policy Appendices).

There will always be at least 1 Emergency First Aid in the Workplace qualified first aider on school trips and visits, which may be the venue's appointed person. The ***school*** will appoint an EFAW first aider if the trip is not to a designated activity business place with onsite first aiders, for example to a remote location.

First Aid Equipment

A typical first aid kit in our school will include the following as a minimum (as recommended by the HSE):

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (plasters - assorted sizes)
- 3 Small, 2 medium, 1 large adhesive wound dressings
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits. First aid kits are stored in:

- The medical room
- The school kitchen
- Staffroom first aid kit
- Medical room, in trip bags ready to be transported in vehicles for offsite trips

Further first aid supplies are stored in the drawers in the medical room.

Training of Staff

- All staff including new, supply, agency teachers and support staff will receive first aid training and training on the supporting pupils with medical needs school policy with their induction and to be made aware of the implementation within the school.
- All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until on the school's 'Accredited Training Manager' document.

- The school will arrange for first aiders to retrain before their first aid certificates expire (annually, or every 3 years for appointed persons). In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.
- All staff will receive training and be competent of administering the required prescribed medication when needed to do so to support a child's medical condition. Additional weekly training is available for appointed persons via subscription to Pro-Trainings videos: https://www.proefaw.co.uk/training/efaw/video/nose-bleeds?utm_source=weeklyrefresher&utm_medium=email&utm_campaign=weeklyrefresher.
- All training for a child's medical condition will be given by the appropriate health professional when needed to support a child in school. (i.e. School nursing team, Diabetic nurse, Epilepsy nurse)
- The school holds a central record of training received for medical conditions supported in school which is monitored regularly.
- Staff are booked on to relevant training prior to expiration or working with children that will need support with a medical condition.

Record Keeping

First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident, including all the information included in the accident form at Appendix 4 (pupil accident form) and Appendix 5 (staff accident form).

- A copy of the accident report form will also be added to the pupil's educational record on Arbor by the first aider.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- Records of use of emergency Asthma medication are made and stored on CPOMS, Arbor and the child's e-folder and parents are contacted each time this is used in school.

Medical Conditions register

- Parents/carers must complete a section in the school admission pack requesting information about their child's pre-existing medical condition before they start school.
- Parents/carers must contact the school to inform them of any medical condition that develops after admission to the school.
- A central Diagnoses Log, Allergies Log and Asthma Log are kept and reviewed regularly by the health coordinator (Headteacher).
- The health coordinator will inform class teachers of any updates.
- Asthma sufferers are recorded on the Asthma register, which is displayed in the staffroom and first aid room.

Reporting to the HSE

The Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Headteacher will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences
These include:

- Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding) which:
        - Covers more than 10% of the whole body's total surface area; or
        - Causes significant damage to the eyes, respiratory system or other vital organs
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Headteacher will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident.
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm

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- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:
How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm

Reporting to ISI and child protection agencies

The Headteacher will notify the ISI of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify the Children and Family's Safeguarding Hub of any serious accident or injury to, or the death of, a pupil while in the school's care.

The Headteacher will also notify the Local Authority that referred the pupil to the school, of any serious accident or injury to, or the death of, a pupil while in the school's care.

Transport arrangements

- When a child with a medical condition travels to school by Local Authority transport provision, the school to liaise with the parent and transport company to invite a driver or escort to healthcare meetings. Copy of individual healthcare plan to be sent to transport team, copy will accompany driver/escort during travel.

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- Driver/escort training for medical conditions is to be considered and to be included in the specification for the child's transport tender.
- All prescribed medication to support child's medical condition in school is to be stored in a suitable container (original packaging, named). The parent is to be responsible for handing over to driver/escort.
- During transportation, medication to be supervised by an adult and handed to a member of staff on arrival. Transport team to be advised and approve any change of this arrangement.

In the event of long-term absence due to medical needs:

- We will follow our Attendance Policy and procedure
- We will provide educational provision to pupils of compulsory school age who would normally receive full-time education that miss 15 school days or more due to illness. This is based on individual needs, and at the discretion of the Headteacher.
- Local Authority to be informed if a pupil is absent for more than 15 days.

Prescribed Medication

- Medication will only be administered at school if it is detrimental to health not to do so. It must be prescribed and, where possible, be administered outside school hours.
- Only prescribed medication will be administered when necessary, at school, that has a pharmacy label displaying the pharmacist logo, clearly displays the child's name, dosage and storage requirements and is in the original packaging including information leaflet. This excludes insulin that maybe in pump or insulin pen form, which must be authorised by a letter signed by a medical professional on appropriate letterhead with clear instructions.
- The medication must be in date. It is the parent/carers responsibility to provide the school with medication prior to the expiration date.
- The parent/carer or responsible adult to hand in and collect medication from the School Office Manager (this can be passed on via the transport PA if necessary). An administration of medication consent form to be completed and signed by parent/carer (Appendices 1 and 2). All requirements must be met before medication will be administered.
- Written records to be kept of all medication administered to children (Appendix 6).
- All Emergency medication including asthma pumps and auto-injectors will be stored safely with easy access for use in the main reception area in designated wall mounted cases. Epilepsy medication will be stored in a locked cupboard in the medical room. No child is allowed to carry their own medication in school unless stated in their NHS care plan and risk assessed to be safe to do so, i.e. *severe* asthma and diabetes.
- All emergency medication must stay in school until the last day of summer term. Medication that has passed its expiry date will be returned sooner.
- Prescribed antibiotics will be collected daily or once the course has finished.
- No child will be forced to take their medication but will be activity encouraged to do so.
- Parents/ carers will be informed of a child's decision *not* to take medication.
- Pupils will not be refused access to their medication at the required times.

- The school cannot be held responsible for any side effects that may occur when medication is given correctly.

Non-Prescription Medication

- Non-prescription medication will only be administered in exceptional circumstances at the discretion of the headteacher and with a signed consent form from the parent/carer (Appendix 2).
- The child's name must be clearly displayed on the medication box.
- All original packaging including information leaflets to be included.
- The medication must be in date and display a clear expiry date.

Storage of Medicines

- All prescribed medication to be stored correctly, in the locked medicine cabinet or a locked fridge (accessible to adults only) apart from emergency life-saving medication (e.g. autoinjectors).

Emergencies

- The school's emergency procedures must be followed in the event of a medical emergency.
- All relevant staff must be aware of signs and symptoms.
- Pupils must be informed in general terms of what to do in emergency such as telling a teacher or adult around school.
- If a pupil needs to be taken to hospital a member of staff will act in 'loco parentis' and stay with them until a parent arrives.
- The First Aid Procedure should be followed if necessary, by qualified first aiders.
- All teaching staff are qualified to administer first aid to children and take refresher training annually. Certificate to confirm this are displayed on the first aid room door.
- Asthma first aid response is followed by any member of asthma response qualified teaching staff and those qualified to do so.

Off site visits including residential and sporting activities

- To help plan for children with medical conditions to be included in off site visits the appropriate risk assessment in line with HSE guidance on school trips must be completed. Consultations may be needed with parents and health professionals if the requirements differ from their day-to-day needs stated in their Individual Health Care Plan.
- Clear but flexible arrangements must be made for children with medical conditions, for them to be included on off site visits according to their own abilities and reasonable adjustments made. Evidence from a G.P. or other clinician may be needed if a child is unable to participate.

Exceptional circumstances

- Residential school trips – Non-prescription medication. Only Paracetamol / Ibuprofen and travel sickness medication will be administered, when required, if all correct guidance has been met.

- Off site visits that include transport –Travel sickness medication will be administered, when required, if all correct guidance has been met.
- Other medications may be administered in accordance with this policy, authorised individually by the Headteacher prior to attendance, on a case-by-case basis.

To avoid unacceptable practice

School staff should use their own discretion for individual cases referring to a child's IHCP.

The following practice is generally not acceptable at Clarity Independent School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assuming every child with the same condition requires the same treatment
- Ignoring the views of children and /or their parents/carers or ignoring medical evidence or opinion
- Sending children home frequently or preventing them from taking part in activities in school
- Sending the child to the medical room or office alone or with an unsuitable escort if they become ill
- Penalising children with medical conditions for their attendance record where the absence relates to their condition, e.g. hospital appointments
- Making parents/carers feel obliged or forcing parents to attend school to administer medication or provide medical support
- Creating barriers to children participating in school life, including off site visits
- Prevent children from drinking, eating or taking toilet breaks when they need to, to support a medical condition effectively

Insurance

Staff that undertake the responsibilities within this policy will be assured by the Headteacher that they are covered by the school's insurance.

Children with health needs who cannot attend school

If a child is unable to attend school due to health needs i.e. broken limbs, ongoing health issues, the parents/carers must either provide medical evidence to the school that (and / or at least evidence that) the child is receiving the necessary medical care and treatment. Regular contact will be maintained with the family by way of on-screen check-ins, home visits, multi- agency meetings and phone calls as per our Safeguarding Policy procedures. The onus remains with the parents/carers to keep the school updated about the child's medical condition, provide evidence and an estimated return to school date regularly. The Headteacher will work with the parents/carers and external agencies to establish a long-term education plan for the child.

Complaints

All complaints should be raised with the health coordinator school in the first instance.

Details on how to escalate the complaint or make a formal complaint can be found in the school complaints policy.

Appendix 1

Clarity Independent School

Administration of Prescribed Medication Consent Form

Childs Name:_____ Class: _____

Date of Birth: _____

Address:_____

_____

Name of Medication: _____ Dosage to be given in school: _____

Time to be given in school: _____ Allergies: _____

Medical Condition that the medication is prescribed for: _____

Expiry date of Medication: _____

Refrigeration needed YES / NO (please circle)

I confirm that I have handed into the school office an original pharmacy labelled medication prescribed for the above-named child with the dosage that is to be given in school. I consent for the medication to be administered by an authorised member of staff. I am aware that this medication will not be given after the expiry date. I understand it is my responsibility to collect the medication from the School office.

Signed by_____ Parent/Guardian/Other Date: _____

School office staff to complete upon receipt of medication:

Date	Name of person who brought in medication	Name of medication	Amount supplied	Form Signed above? Y/N	Expiry Date	Dosage Regime	Received By (staff member's initials)

Comments / method / date / time:

……

……

……

School first aider administering medication to complete Administered Medications Record Form (in medical room cabinet)

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Clarity Independent School

Request for School to Administer Non-Prescribed Medication

Pupil's Full Name ..... Date of Birth ...../...../.....

Address .....

.....

Contact Tel No .....

Condition/ illness .....

Medicine name and strength	Type / form	Dosage	Time to be given	Is medication required long / short term?

Additional instructions/ information (e.g. before/ after food, interaction with other medicines, possible side effects, storage instructions): _____

_____

I understand that I must provide the medicine in the original container clearly labelled with:

- Child's full name.
- Full name and strength of medicine.
- Prescribed dosage & time of administration.
- Method of administration.
- Date of Issue.
- Expiry Date.

Please Note: Any unused medication will be returned to you for your own disposal.

"I accept that the school has a right to refuse to administer medication."

Name _____ Relationship to child_____

Signed_____ Date_____

IT IS IMPORTANT THAT YOU INFORM US OF ANY NEW OR CHANGED PRESCRIPTION. YOU MUST PROVIDE US WITH THE CORRECT INFORMATION TO ENABLE CLARITY INDEPENDENT SCHOOL TO ADMINISTER DRUGS IN SCHOOL – THIS INCLUDES CALPOL/ CHILD NUROFEN/ PARACETAMOL.

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Appendix 3



First Aid



Pupil Name……

Date…… Time……

Dear parent/carer,

Your child has received First Aid treatment today.

He/she. ……

……

……

……

Signed ……



First Aid



Pupil Name……

Date…… Time……

Dear parent/carer,

Your child has received First Aid treatment today.

He/she. ……

……

……

……

Signed ……

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Appendix 4: Pupil Accident & First Aid Report [7] NAME: ……

(For Asthma, please also complete 'Record of Use of Emergency Inhaler' form in child's Asthma Wallet)

Date and time	Location of incident	Incident Details	Action taken	Follow up action required (e.g. to avoid reoccurrence)	Name and Sign and Date – now give to Office to put on Go4schools and CPOMS	Incident form → Go4schools √ and CPOMS? √	Class Teacher to call Parent & enter call record on CPOMS (remembering to mention seeing the GP/A&E if they are worried or it gets worse or want a diagnosis)	SLT notified DH to initial record on reception desk (same day)	SLT sign off "This case is recorded and closed on CPOMS" before going home

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Appendix 5: Staff Accident Report / Near-miss Report



Accident Report

REF NO 011

1 About the Person who had the accident

Full Name:

Address:

Post Code:

Occupation:

2 About you, the person filling in this book

Full Name:

Address:

Post Code:

Occupation:

3 About the accident

Date:

Time:

Where did it happen? *(be as precise as you can)*

What happened? *(describe the sequence of events, injuries caused and, if you can, give the cause of the accident)*

(continue on the back of this form if necessary)

Was first aid given?

Who by?

4 For the injured person

☐ By checking this box I consent to the disclosure of my personal information and the details given on this form to safety representatives and representatives of employee safety for them to carry out health and safety functions given to them by law.

Signed

Date:

5 FOR EMPLOYER ONLY - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 *(See guidance note 1-3 for further information)*

Injury type: Fatal ☐ Major ☐ 7+ days ☐ 3+ days **(not reportable)** ☐ person not at work, taken to hospital ☐ None of these **(not reportable)** ☐

If reportable, when was it reported?

Who made the report?

How long was the person unable to work?

How was it reported? Phone ☐ Online ☐

WHEN COMPLETED, THIS FORM SHOULD BE DETACHED AND PASSED TO YOUR MANAGER OR THE PERSON RESPONSIBLE FOR HEALTH AND SAFETY IN YOUR WORKPLACE.

Clarity Independent School

Administered Medications Record for: _____(pupil) **Appendix 6**

Please use a separate form for each pupil thank you ☺

- **No medications are to be administered to pupils without written consent from parents/carers/guardians and authorisation of the Headteacher/Assistant Headteacher.**
- **The adult supervising the administration of medications, must be a certified First Aider, and have the authorisation of the Headteacher/Assistant Headteacher.**
- **The supervising adult must closely observe and ensure that all medication is taken in full and remaining medication is returned to the locked cupboard.**
- **NO MEDICATION [OF ANY KIND/FOR ANY REASON] TO BE DISPOSED OF IN THE GENERAL WASTE BIN WITHIN PUPIL ACCESSED AREAS.**

Date Time	Medication name & strength	Dosage taken & how	Reason for taking medication	Parental consent form checked	Oral consent by parent given at time? If there is a minimum between dosage times.	First aider adult supervising initials	SLT signature authorisation before administering medication	Comments *[Side effects, Reactions etc.] and confirm if no side effects*	Parent informed of comments if applicable and communication method? [Y/N] NB for Asthma inhaler usage pls complete Record of Emergency Inhaler Form.	Now give this form to the office to record on Arbor. Sign / date

Record sheet no. __

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Clarity Independent School

Individual Health Care Plan

Appendix 7

Name:		DOB:		Date of IHCP:		Class: Keyworker:		INSERT PHOTO HERE

Child's Address:			
Medical Diagnosis / Condition and date: **(NB If Asthma on a child's plan, cc this IHCP to child's Asthma Wallet and Back-up Asthma Wallet)** **Triggers:**		**Medication Prescribed (name)**	
		Dose	
		Administration method	
		Administered by	
		Supervised	**yes / no By:**
		When to be taken	
		Location stored	
		Expiry Date ***Please see expiration date on box***	
		Known Side Effects / contra-indications	
Treatment Regime: (include daily care requirements, special requirements such as equipment, devices and environmental issues, specific support for pupil's educational / social and emotional needs)		**Signs and symptoms - watch for signs of :**	
Primary Actions first aid:		**Action in the event of an emergency:**	**If treatment regime has been followed required number of times, and symptoms persist:**

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			• **Call 999** • **Take advice from 999 operator and wait with child until Ambulance arrives.** • **Call Parent** • **If appropriate, travel with child in the ambulance** **If child stops breathing:** • **Commence CPR until ambulance arrives**
Additional Support Identified e.g. when attending trips etc.		**Person(s) responsible for providing support when under the care of school:**	
Person(s) responsible for providing support when in emergency:		**Staff training needed in order to provide this support:**	Course: Expires (date): Undertaken (date): Initials of staff:

Name:					
Contact Name Relationship to child		**Contact Numbers**		**GP (Name, address and Tel no)**	
Contact Name Relationship to child		**Contact Numbers**		**Clinic / Hospital contact:**	
Other professionals Details		**Contact Numbers**		**Email address**	
Other professionals Details		**Contact Numbers**		**Email address**	

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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the above and the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change to the above information.					
Plan developed with:				**Date**	
Signed by parent (or staff member if own):					
Signed by Headteacher:				**Date**	
Review Date:					

Child E-Copies to: [ ] Parent / Care-giver, [ ] E-folder desktop, [ ] E-folder G Drive, [ ] pupil-folder Arbor.
Child printed copies to: [ ] PINK Clipboard Main Office, [ ] Staffroom notice board.
Ensure IHCP box ticked on OP, IRA, Risk Reduction Plan, Therapeutic Plan. Email KW to notify commencement of IHCP and any amendments.

Asthma: Copies to [ ] Child / Adult's Asthma Wallet and [ ] Back-up Asthma Wallet.

Staff Member Copies to: [ ] HR folder desktop, [ ] HR folder G Drive, [ ] PINK Clipboard Main Office. Ensure IHCP box ticked on IRA.

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Appendix 8: Medical Equipment / Medication Sign in / out Log

Please note, as a staff member, you are signing to confirm that you are responsible for this equipment / medication from when it is signed out until the second pair of eyes check is completed upon sign in.*

Sign Out							Sign In				
Date	**Time**	**Equipment (inc. medication)**	**Relates to: (initials of child / staff member)**	**Staff initials* (of staff member responsible)**	**Second pair of eyes check (initials)**	**Storage needs (e.g. fridge / locked cupboard etc.)**	**Date**	**Time**	**Staff initials**	**Back in correct storage area**	**Second pair of eyes check (initials)**

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