

The Hayes Primary School

Medical Needs Policy
School and Wrap Around Care.

Date Policy Agreed: **November 2026**

Date policy to be reviewed:
November 2027

Vision
To be the best you can be!

Introduction
The Hayes Primary School Governing Body has agreed and ratified this Policy.

This policy is to be read in conjunction with the following policies:

- *Child Protection; Safeguarding; Managing allegations of abuse against staff;*
- *Special Educational Needs;*
- *Behaviour; Anti-Bullying;*
- *Code of Conduct setting out standards and acceptable behaviour for staff;*
- *E-Safety and ICT acceptable use;*
- *Curriculum; RRS; Early Years Foundation Stage Policy and Procedures; PSHE (inc SRE);*
- *Whistleblowing;*
- *Teacher Appraisal and Teachers Pay;*
- *Complaints Procedure Statement;*
- *Accessibility Plan;*
- *Health and Safety.*

Rational

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

There are an increasing number of children attending mainstream schools with medical conditions. Schools, acting in loco parentis, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs. This may be required by pupils for regular medication or those requiring occasional dispensing of medicines. The school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions.



The Head Teacher has responsibility for ensuring implementation of this policy.

Aims and Objectives of the Policy

- To ensure all children with medical conditions have full access to their education at the Hayes. To fully support children with any medical needs so that they can play a full and active role in school life, remain healthy and achieve their academic potential. To strive to minimize the impact of any medical condition on a child's educational achievement. In particular with regard to long and short term absences, how these are managed and to ensure a well-supported reintegration program.
- To ensure all staff have a shared understanding of our procedures in relation to caring for children with medical needs.
- To safeguard the health and safety of all children with medical conditions in school. To ensure that children with long-term and complex medical conditions receive the on-going support, medicines and care whilst at school to help them to manage their condition and keep them well.
- To ensure parents feel confident that their child's medical condition will be effectively supported in school and that they will be safe. To establish and maintain a positive relationship with parents and carers, in order that the needs of a child can be fully met.
- To work effectively and in partnership with health care professionals, staff and parents in order to meet the needs of each child. We actively seek and value advice from healthcare professionals involved in children's care.
- To ensure that any social and emotional needs are met for children with medical conditions. To be aware that children may be self-conscious about their condition and may be at risk of bullying or developing emotional disorders, therefore to be monitoring these children closely and put support in place if required.
- To ensure an Individual Healthcare Plan is in place for children with medical conditions where required.

Admission

As a Local Authority maintained primary school, admissions are organised and controlled by The London Borough of Croydon. Children with medical needs are considered for admission to the school on exactly the same basis as children without medical needs. However, the child's health must not be put at unnecessary risk from, for example infectious diseases. Therefore, a child may not be accepted into school at times where it would be detrimental to the health of that child or others.

Disabled pupils have free access to all areas outside of the school and most areas inside the school (apart from 3 classrooms), as a result of ramps, dropped curbs, appropriately height sited light fittings, adequately sized classroom doors, disabled toilets and the siting of a wet room style shower.

Prior to starting school parents/carers of children with medical needs may be invited to meet the Inclusion Team in order to discuss whether the provision at The Hayes Primary School is appropriate to meet the child's needs. If a child is already attending the school and a new diagnosis is given a meeting with the parents and Inclusion Team will be called as soon as practically possible. Where appropriate, an Individual Healthcare Plan may be drawn up.



Individual Healthcare Plans (IHCP)

Where an Individual Healthcare Plan (template at Appendix A) is required a member of the Inclusion Team will meet with the parents/carers (and other school staff involved where possible) to ensure that the school can effectively support children with medical needs. The plan will provide clarity about what needs to be done, when and by whom.

IHCPs will often be essential where conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHCPs are likely to be helpful in cases where the medical needs are complex and long-term. However, not all children will require one. The school, healthcare professional and parent should agree when an IHCP would be appropriate. If a consensus cannot be reached, the Headteacher is best placed to take a final view. See flowchart at Appendix B.

IHCPs will be easily accessible to all who need to refer to them via the school office, SEND Administrative Assistant, or Swimming Pool but will preserve confidentiality. The degree of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. Different children with the same condition may require very different support.

Where a child has Special Educational Needs or Disability (SEND) or a Education, Health and Care Plan (EHCP), their SEND should be mentioned in the IHCP. Where a child has a statement or EHCP the IHCP should be linked to or become part of that statement or EHCP.

IHCPs will be reviewed annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school accesses and manages the risks to the child's education, health and social well-being and minimizes disruption.

IHCPs will be signed and agreed by the parents' once written and the initial IHCP will be sent to the named medical professionals for their input and agreement.
At the annual review a staff/parent meeting will be offered by the SEND department.
There will be the option to inform the school that there has not been a change to their child's medical needs in school, but that parents would like the plan to continue with updates on dates and staff (appendix D)
All plans will be reviewed by the school nurse annually.

Roles & Responsibilities

Board of Governors

- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions
- Making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented
- Ensuring that a pupil with medical conditions is supported to enable the fullest participation in all aspects of school life
- Ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical needs

Headteacher

- Ensuring that the school's policy is developed and effectively implemented
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against IHCPs including contingency and emergency situations. This may involve recruiting staff for this purpose
- Overall responsibility for the development of IHCPs
- Ensuring staff are appropriately insured and are aware they are insured to support children in this way

Inclusion Team

- Ensuring that staff who need to know are aware of a child's condition including new staff
- Developing IHCPs
- Working with agencies to ensure partnership when meeting a child's medical needs
- Contacting the school nurse for 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

- Any member of school staff may be asked to provide support to children with medical needs, including the administering of medicines, although they cannot be required to do so.
- Knowing what to do and responding accordingly when they become aware that a child with medical condition needs help.

School nurse - every school has access to school nursing services

- Notifying the school when a child has been identified as having a medical condition which will require support in school (wherever possible this should be done before the child starts at the school).
- Supporting school staff on developing and implementing an IHCP and providing advice, training and liaison

Parents/Carers

- Providing school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- Developing and reviewing their child's IHCP
- Carrying out any actions agreed to in the IHCP i.e. providing medication/equipment.
- Ensuring them or another adult is contactable at all times.
- Ensure medication in school has not exceeded expiry date.

Pupils

- Providing information on how their condition affects them if age appropriate.
- Discussing the medical needs support and contributing to the development of their IHCP.
- Complying with their IHCP
- Other pupils will be sensitive to the needs of those with medical conditions

Local authorities will:

- promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation;
- wherever possible, provide support, advice and guidance, including suitable training for school staff through the School Nursing Service, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.

Providers of health services will:

- co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

Clinical commissioning groups will:

- Ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

Administering Medication

Only one parent needs to agree to/request administration of medicines. Any disagreement between parents must be resolved by the Courts. The school will continue to follow the consent given or prescriber's instructions. Where parents' expectations appear unreasonable, the Head shall seek advice from the school nurse or doctor, the child's GP or other medical advisers. If a child refuses to take medicine, staff shall not force them to do so, but shall note this in the records and follow agreed procedures. Parents shall be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, emergency procedures shall be followed.

Prescription Medicines

A pupil may be prescribed medicine even though the Doctor regards them as fit to attend school. Parents should ask the prescriber if they can be taken in the morning, after school and at bedtime, thus avoiding school hours. However there may be occasional circumstances in which doses of medicine need to be taken during school. The medicine may be required on a prolonged basis (e.g. in asthma, epilepsy or fibrocystic disease), or only for a few days (e.g. antibiotics). The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must be provided in the original container as dispensed by a pharmacist. It must be clearly labelled with the child's name, the name and strength of the drug, any expiry date and clear instructions on how and when it should be administered.

In most circumstances, only oral medicines and spin inhalers will be given. Other forms of medication, e.g. injections or suppositories, or to catheterise can only happen if they can be self-administered by a child (with

assistance if necessary), or by a medically qualified person (Doctor or registered nurse). Individual circumstances will be addressed in personal health care plans.

Giving non-prescription medicines

There may be occasions when staff need to administer un-prescribed medication to children, e.g. an antihistamine for a mild reaction to an allergen or Paracetamol. In these situations we always have a written agreement signed by parents which details the circumstances on how and when to give, the name of medication and dosage.

Medicines (with the exception of inhalers- see below) must not be kept in places that are accessible to pupils.

Storage

For safety and security, controlled substance medicines will be stored in portable containers in the school office. Medicines will be stored in accordance with the product instructions and in the original container in which they were dispensed.

A refrigerator will be provided for storage of temperature sensitive medicines. The fridge can also contain food but the medicine will be kept in an airtight container and clearly labelled. Pupils will be aware of where their medicine is stored and who has access. This will be kept in the school office.

Asthma inhalers, will be placed away from the children in the class but accessible at all times in the classroom in which case all staff will have access to ensure access in emergency. In addition, a spare inhaler should be readily available in the school office
Injectors x 2, for anaphylaxis will be accessible at all times and stored in a safe and suitably central location e.g. school office, to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. They will be in marked plastic boxes with the child's name and class. They will NOT be locked away in a cupboard or kept in an office where access is restricted. AAIs should not be located more than 5 minutes away from where they may be needed.

In line with advice from the Department of Health to capture good practice within schools we also keep two spare AAIs in an emergency anaphylaxis kit. We can access this kit if we feel that a child with a prescribed AAI is at risk of anaphylaxis and we can not administer their own AAI correctly without a delay, e.g. The AAI(s) can be used if the child's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered, our staff members are not within a 5 minute return trip to the office for the child's own prescribed AAI).

The kit also contains a list which outlines the register of pupils to whom the spare AAI(s) can be administered. This list will be reviewed regularly in line with the updates made by our SEND administrative assistant to our medical needs documentation. This will be stored in the staff room, be kept separate from any AAIs prescribed to pupils; the spare AAI(s) should be clearly labelled. In general, AAIs should be kept at room temperature (in line with manufacturer's guidelines), away from direct sunlight and extremes of temperature.

The spare AAI is used only for pupils where both medical authorisation and written parental consent have been provided. Permission from parents and their medical practitioner (via parent) will be sought in advance order to administer this. Where all children are prescribed the same device, we will strive to obtain the same brand for

the spare AAI to avoid confusion in administration and training. If two or more brands are currently held by our children, we will purchase the brand most commonly prescribed to our pupils.

We will keep a record of the use of any AAI, informing parents/ carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the Pupils own device. We will seek to use the brand most commonly prescribed to children

Our emergency anaphylaxis kit should include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

If a child is having anaphylaxis but does not have a plan with medical authorisation and parental consent, we will immediately call 999 and seek advice. If spare AAIs are available, we would mention this to the call handler/emergency medical dispatcher, as they can authorise use of the spare AAI if appropriate.

We will have two named volunteers amongst school staff with responsibility for ensuring that:

- on a monthly basis the AAIs are present and in date.
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

Quantity and disposal

To avoid dangerous quantities of drugs being available, no more than two doses may be brought in, with the exception of multi-dose inhalers. Any left-over or expired medicines will be returned to the parent for safe disposal. Parents may collect medicines at the end of each year.

If parents do not collect medicines they will be taken to a pharmacy for safe disposal. Sharp boxes can be obtained by parents / carers from the child's GP or Paediatrician and returned to the parents/carers when full for replacement.

Administration

The school will only administer medicines to pupils when prior written permission from parents is received. All medicines must have the following information and these must be checked each time before administration:

- name of child

- name of medicine
- dose
- expiry date
- written instructions provided by the prescriber
- time/frequency of administration
- any side effects
- action to take in the event of a side affect

Staff will complete and sign a record each time they give medicine to a child. In some circumstances it is good practice to have the dosage and administration witnessed by a second adult.

Sole possession

It is emphasised that the passing on of drugs between pupils is expressly forbidden.

Educational Visits

The school encourages children with medical needs to participate in safely managed visits. The risk assessment for the visit will include any requirements for children to be given medicines. It may be that the school need to take additional safety measures for outdoor visits and staff supervising outings must be aware of any medical needs of such pupils and of the relevant emergency procedures. An additional adult (or the particular parent) may need to accompany visits where a difficult situation might arise.

It may be necessary to take medication for pupils on a school trip, i.e. Epipen, Inhalers or Epilepsy emergency medication. A copy of individual Health Care Plans and relevant care plans will be taken on visits for emergency situations. Emergency medication must be taken on all trips. Medication may be given to the paramedics to administer when necessary. Consideration must be given to the storage of medicines, any additional supervision required and emergency procedures to be followed.

Transport

Individual health care plans, shall include any arrangements special transport arrangements. The care plan should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

Some pupils are at risk of severe allergic reactions. These risks can be minimised by not allowing anyone to eat on vehicles and ensuring details of any allergy are made apparent to all staff travelling with these children.

Inhalers for Asthma

Parents should complete the school's Permission to Administer Medication form.
An asthma medication form will also accompany asthma inhalers into school at the start of each school year or when the medicine is supplied by the practitioner. This will then be kept with the inhaler in the classroom, with the class staff.
It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. Medicines that are out of date or soon to be expiring will be sent home at the end of that term and should be replaced with in date medication by parents at the start of the new term. Parents with

children who have a long standing medical condition that requires medicines in school will receive 2 reminders to bring the medicine into school for use by their child.
All asthma medication administered in school will be recorded and parents' informed of the daily use to ensure changes in usage are recorded and monitored.

If a child is in school without in date emergency medication/ inhalers that they have been prescribed, they will be requested to return home until the medicine is available in school.

Antibiotics

Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school, but it may also be essential that the full course of medication should be completed. In this case, the Head Teacher is willing for named staff to administer the antibiotics supplied by the parent or carer. A 'Permission to Administer Medication' form should always be completed giving full instructions for administration of the medicine. It is the responsibility of the parent to ensure that the medication is not out of date.

Diabetes

The school will monitor pupils with Diabetes and blood sugar results will be recorded in accordance with their care plan. Pupils with diabetes must not be left unattended if feeling unwell, or sent to the office unaccompanied. Sharps boxes should always be used for the disposal of needles. Sharp boxes will be supplied by the school and collected by the Local Authority when required.
School staff involved with children diagnosed with diabetes, are trained regularly by the Diabetes Nursing Team in school yearly or as required.

Maintenance Drugs

A child may be on daily medication for a medical condition that requires a dose during the school day. As with all other medicines a form should be completed giving clear instructions to staff at the school. A record of all doses administered will be kept.

Unusual Medications

In the case of unusual prescribed medicines, i.e. use of an Injector, this will be at the discretion of the Head Teacher and Governors. In all cases, proper training will be provided by the Child Health service and parents will need to complete a Medication form accepting responsibility. In cases of eczema or skin conditions it will be expected that the child will be able to use the cream/lotion on their own.

Nut Allergies/Anaphylaxis Procedures

Medication for the treatment of severe allergies (e.g. nut) will be kept in easily identifiable containers in the school office. Each container should be clearly labelled with the child's name and class.
An anaphylaxis medication form will also accompany any injectors in school, to be brought in by parents at the start of each school year or when the medicine is supplied by the practitioner. This will then be kept with the injectors in the school office.
At the end of the academic year correspondence will be sent to all parents with reminder requests, to arrange to pick up the medicine from the class teacher or the school office on the final day. An email will be also be sent to ALL parents with attached medicine forms so that they are available to parents for the start of the new school year.

Children without emergency AAI injectors who have a diagnosis of anaphylaxis that is recorded in school, will be requested to return home until the medicine is made available in school.

Emergency Procedures

In the case of emergency, the school will call an ambulance and contact the parents. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. Staff should never take children to hospital in their own car - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Head Teacher of the school. However, ultimate responsibility remains with the parents/carers.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.
A Clinical Waste Bin and collection is available in school in the disabled toilet in the lower junior corridor. Fortnightly collections are in place by the Local Authority.

Sun Screen

All pupils are actively encouraged to apply sun screen for outdoor activities. Sun screen should be supplied by parents for pupils to self-apply.

Summary of Procedure to Dispense Medication

- Permission to dispense medication form must be completed by the parent / carer.
- Medicine must be in original packaging clearly marked with name of child, class and dose to be administered.
- Recommended / prescribed dose will not be exceeded without written permission from a medical professional.
- It will be the parent / carers responsibility to collect medication at the end of each school day where necessary.
- Medication being taken out of school on trips or visits must be logged in and out with the school office and be the responsibility of a member of staff at all times.

Record keeping

A record should be kept of all medicines given and should include:

(a) The child's name and class.
(b) The name and dosage of the medicine given.
(c) The date and time of administration.
(d) The signature of the member of staff responsible.

Parents should be informed when emergency medicine is given or where staff have a concern. Ideally, the records should be kept for seven years and should be made available to the school doctor or nurse whenever they visit the school.

Managing medicines on school premises – Summary

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child should be given prescription or non-prescription medicines without their parent's written consent -
- No child will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- The school will only accept prescribed medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container as dispensed by a pharmacist. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them promptly. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens will be readily available to children and not locked away;
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted; and if medication is for any reason not given a record must be kept and the parent informed;
- A record of all allergies of the child must be maintained;
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Liability and indemnity

Governing bodies of maintained schools should:

- ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk (please see appendix E for further details).
- Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.
- Be aware that in the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents;
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch;
- if the child becomes ill, send them to the school office or medical room unaccompanied ;

- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- 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;
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure, which can be found at http://www.thehayesprimaryschool.co.uk/policies/

Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.
The school's Inclusion Team will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible. Where a child's health condition requires an extended period of absence from school, the school may need to seek the assistance of the **Springboard Service**. Staff at the service, including hospital tutors, will support pupils who are temporarily unable to attend classes on a full time basis.

These pupils may be:

(a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
(b) Pupils with mental health problems who are unable to attend school.

Some children with medical conditions may have a disability. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some may also have a special educational need and /or disability (SEND) and an Education, Health and Care (EHCP) plan which brings together health and social care needs, as well as their special educational provision.

The aim of Springboard will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education.

The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing to Springboard relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child,

supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement. The school will do all that it can to maintain links with appropriate agencies including Springboard, the Educational Welfare Service, and the Educational Psychology Service. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

This policy will be reviewed regularly and will be accessible to parents/carers via the school website.

Monitoring and Review

The effectiveness of this policy will be monitored and evaluated by the Head Teacher and Inclusion Team, and will be reviewed on an annual basis.



Appendix A

The Hayes Primary School

Individual Health Care Plan

Name of school/setting	The Hayes Primary School
Child's name	
Class	
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	

Area of Need	
EHCP/SEND Support	

SEND support in school. Give details of support and area of need and date added to register.

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 visits/trips etc.

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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

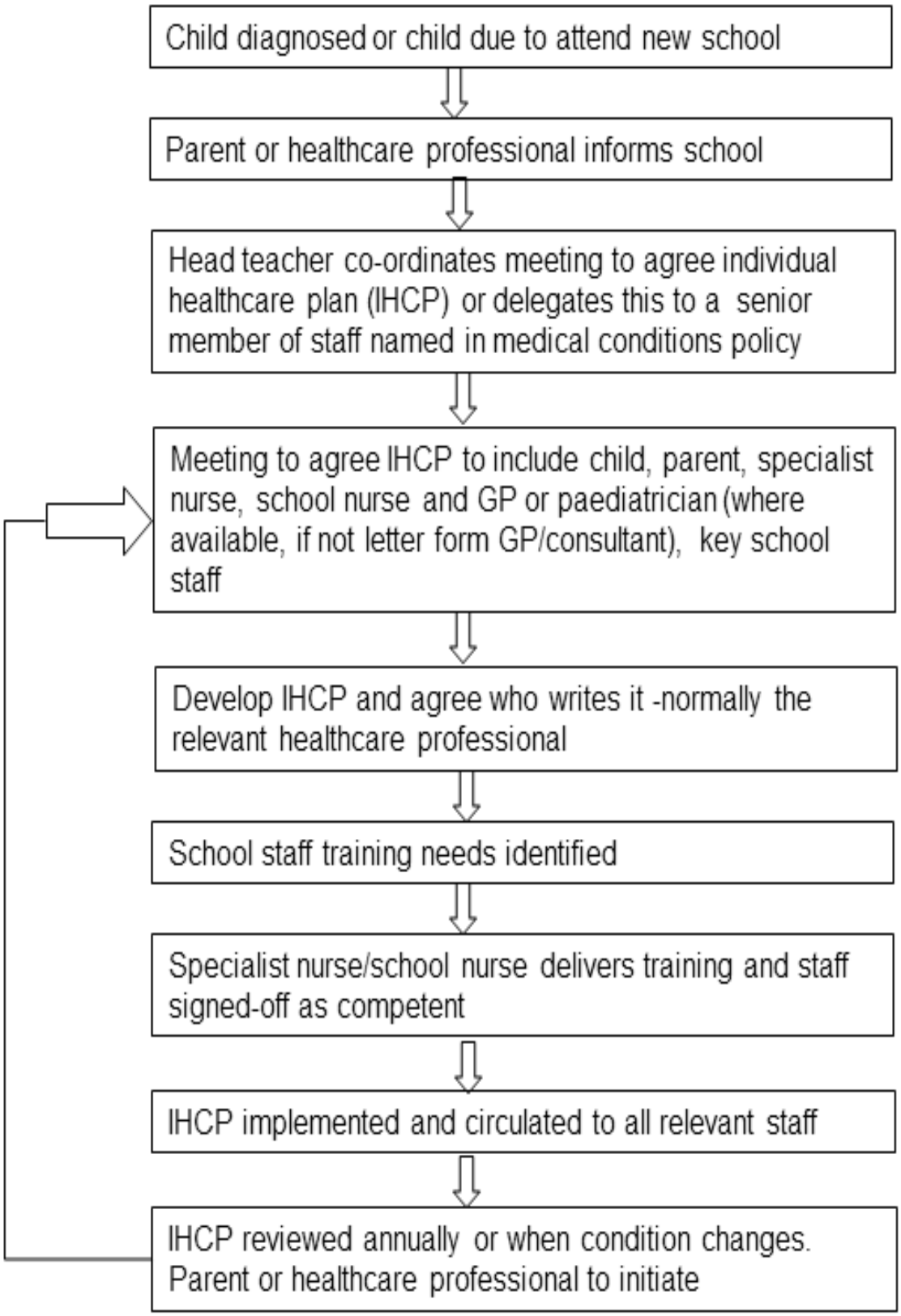
Form copied to: Parents / Inclusion Team / Class Teacher / Teaching Assistant / First Aider / School Nurse / Office Staff / Senior Midday Supervisor

I consent to this information being shared with other relevant professionals.

Signed: _____

Name: _____

Appendix B
Model process for developing individual healthcare plans





Appendix C

PERMISSION FOR PRESCRIBED MEDICINES ADMINISTERED IN SCHOOL

If your child needs ***prescribed*** medication administered during school time or a course of antibiotics to be taken up to four times a day, please complete and return this form with the appropriate medication.

Please bring the medicine(s) to the **School Office** in its original box, clearly labelled with your child's name, class, dosage and expiry date of the medication.

The medicine(s) will be stored in the adjacent **Medical Room** and will be available at all times during the course of the school day and for off-site school trips. Medicines must not be removed from school.

Please note teachers and other school staff have no obligation to give medicines to children at school. They will do so to co-operate with parents in the best interests of the child, but only on the basis that they, the school and the LA will not be held responsible for any problems which may result from their so doing.

CHILD'S NAME: …….. CLASS: …….

TYPE AND NAME OF PRESCRIBED MEDICINE……

……..

DETAILS OF REASON WHY MEDICATION IS TO BE GIVEN (including any triggers if

appropriate):……

……

DETAILS OF TIME WHEN MEDICATION IS TO BE TAKEN:……..

DOSE AND METHOD OF ADMINISTRATION: ……..

CAN CHILD SELF-ADMINISTER THE MEDICATION? …….

HOW LONG WILL YOUR CHILD TAKE THIS MEDICATION? ……..

ANY SPECIAL PRECAUTIONS?

……..

POSSIBLE SIDE EFFECTS?

……..

I GIVE MY PERMISSION FOR THE ABOVE MEDICATION TO BE ADMINISTERED AT SCHOOL BY SCHOOL STAFF

Signature of Parent / Carer …….. Date: …….

PLEASE RETURN THIS FORM TO THE SCHOOL'S MAIN OFFICE WITH THE PRESCRIBED MEDICINE(S)



Arrangements for medicines held in school
All medicines required to be held in school should be brought in (in its original box / packaging including dosage and frequency instructions), with this completed '**Permission for Prescribed Medicines Administered in School**' form. (Further copies are available on the school's website under the 'Parent Information' tab - Inclusion or from the office.)

The medicine(s) and completed form(s) must be handed to a member of staff in the **School Office** from 8.30am **on the first day of the Autumn Term**. Please make a note of expiry dates. It is the responsibility of the parents/carers to provide medication which is within its 'use by' date.

Storage
Medicines will be stored in the **Medical Room** and will be available to your child at all times during the course of the school day and for off-site school trips. Medicines **must not** be removed from school.

Temporary Medicines
If temporary administration of a prescribed medicine is required, eg. Four times per day, this should also be brought in with its original box/packaging, dosage and frequency instructions. Please bring the medicine to the **School Office**, along with a '**Permission for Prescribed Medicines Administered in School**' form duly completed.

Finally, if you have any queries, please speak to a member of the School Office.



APPENDIX D

Attendance of the Individual Health and Care Plan Meeting 2024-2025

Child's name:

Class:

I would like to inform you that there has not been any change in the medical provision or diagnosis for my child in the past school year 2024-2025. Therefore, I do not deem it necessary to attend the meeting for the review of the I.H.C.P.

I would like the plan to be re-instated for the school year 2025-2026 and the provision to remain the same regarding the medical need of my child.

Should there be any change in my child's provision during the current school year, I will inform the school immediately to ensure that the care is up to date and relevant.

Consequently, if you do not feel that the plan needs to be re-instated then please contact the SEND Administrative assistant – Miss Deighan immediately to discuss the changes to the medical intervention your child requires in school.

Name:

Date:



Appendix E

STAFF TRAINED IN FIRST AID

Paediatric First Aid Awareness

Lisa Sinclair
Laura Olley
Lise Roberts
Jo Farr
Juliet Williams
Charlotte Jones
Hafsa Khalid
Clare O'Shea
Ewa Jarzabek
Pauline Lee
Roxcy Clottey
Rachel Brown
Natalie Kikidis
Alba Alpapa
Carol Grima
Andrea Ward
Arshia Amir
Kristina McPherson
Kieran McEvoy
Grace Yilmaz
Lisa Wilson

We also have some other members of staff at The Hayes Primary School who have completed the Emergency First Aid At work- one day course



Appendix F

PERMISSION FOR EMERGENCY AAI KIT TO BE ADMINISTERED IN SCHOOL

As you are aware we store your child's AAI (adrenaline auto-injector)medication, clearly labelled and always accessible in the main school office, and in the case of an emergency anaphylactic reaction would always strive to use this first and foremost whenever required.

However in line with advice from the Department of Health to capture good practice within schools we also keep a spare AAI in an emergency anaphylaxis kit. We can access this kit if we feel that a child with a prescribed AAI is at risk of anaphylaxis and we can not administer their own AAI correctly without a delay, e.g. The AAI(s) can be used if the child's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered, our staff members are not within a 5 minute return trip to the office in order to reach a child's own prescribed AAI). This kit also contains a list which clearly outlines the register of pupils to whom the spare AAI(s) can be administered. This list is reviewed regularly in line with the updates made by our SENCO assistant to our medical needs documentation. The medication is checked regularly to ensure this is within expiry dates.

Our emergency anaphylaxis kit is stored in the staff room, kept separate from any AAIs prescribed to pupils and the spare AAI(s) are be clearly labelled. In general, AAIs should be kept at room temperature (in line with manufacturer's guidelines), away from direct sunlight and extremes of temperature.

Our emergency anaphylaxis kit will be taken outside every playtime by the staff member who is stationed at the gazebo at the side of the playground, or by the class teacher when classes are undertaking PE lessons on the school field, or in the grounds but not within a 5 minutes return trip to the office for the child's own prescribed AAI.

In the event of an anaphylactic reaction we seek permission from parents and their medical practitioner (via parent) in advance order to administer this if this is seen necessary. This is not a replacement for a child's own AAI but an additional emergency precaution we are able to take as a school.

If a child is having anaphylaxis but does not have a plan with medical authorisation and parental consent, we will immediately call 999 and seek advice. If spare AAIs are available, we would mention this to the call handler/emergency medical dispatcher, as they can authorise use of the spare AAI if appropriate.

I HAVE SOUGHT PERMISSON FROM MY CHILD'S MEDICAL PRACTITIONER AND ALSO GIVE MY PERMISSION FOR THE EMERGENCY AAI TO BE ADMINISTERED AT SCHOOL BY SCHOOL STAFF IN THE CASE OF AN EMERGENCY

Signature of Parent / Carer …….. Date: …….

PLEASE RETURN THIS FORM TO THE SCHOOL'S MAIN OFFICE

Appendix G

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit) 
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.