



# Supporting Pupils with Medical Conditions Policy

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## 1.1 STATEMENT OF INTENT

The Community Inclusive Trust (CIT) Board has a statutory duty to ensure that arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, including physical health needs, mental health needs and complex or life-limiting conditions, receive appropriate support to:

- ✓ Play a full and active role in school life
- ✓ Remain healthy and safe
- ✓ Access education, including school trips and physical education
- ✓ Achieve their educational, social and emotional potential
- ✓ As a Trust of special schools, CIT recognises that many pupils have multiple, complex or fluctuating medical conditions and may require:
  - ✓ Ongoing medication during the school day
  - ✓ Emergency medication
  - ✓ Specialist equipment or interventions
  - ✓ Delegated clinical procedures delivered by trained school staff
  - ✓ Flexible attendance arrangements and personalised timetables

## 1.2 KEY PRINCIPLES

CIT schools will ensure:

**Inclusion:** Pupils with medical conditions are supported to participate fully and are not unfairly excluded from learning or enrichment.

**Safety:** Pupils' health is protected through robust planning, competent staff and clear emergency arrangements.

**Partnership:** Effective collaboration with parents/carers and healthcare professionals.

**Individualisation:** Support is tailored and evidence informed.

**Dignity and respect:** Privacy, dignity, and pupil voice are central, especially where intimate care and clinical procedures are involved.

**Clear accountability:** Roles, training, record-keeping and escalation pathways are defined.

This policy provides Trust-level expectations and principles. Each CIT school will maintain local policies and procedures setting out site-specific arrangements for:

- Administration of medicines
- First aid provision
- Delegated clinical duties
- Storage and disposal of medication
- Emergency response and risk assessment

CIT believes that parents/carers should feel confident that schools provide safe, effective and compassionate support, and that pupils feel secure, respected and included.

The Trust also recognises the social and emotional impact of medical conditions. Pupils may experience anxiety, depression, self-consciousness or bullying. This policy seeks to minimise these risks through inclusive practice, pastoral support and awareness-raising.

Some pupils with medical conditions may be considered disabled under the Equality Act 2010. CIT schools will comply fully with their duties to make reasonable adjustments.

## **2.1 LEGISLATION**

This policy has due regard to, but is not limited to:

- Children and Families Act 2014
- Education Act 1996 (as amended)
- Education Act 2002
- Children Act 1989
- Equality Act 2010
- National Health Service Act 2006 (as amended)
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- School Premises (England) Regulations 2012
- SEND Regulations 2014
- Human Medicines (Amendment) Regulations 2017
- UK GDPR and Data Protection Act 2018

## **2.2 GUIDANCE**

- DfE (2015) Supporting pupils at school with medical conditions
- DfE (2015) SEND Code of Practice: 0–25 years
- DfE (2023) Keeping children safe in education
- DfE (2023) Arranging education for children who cannot attend school because of health needs
- DfE (2022) Working together to improve school attendance
- Department of Health (2017) Use of adrenaline auto-injectors in schools
- Ofsted Education Renewed Inspection Framework

## **2.3 RELATED TRUST POLICIES**

This policy operates alongside:

- SEND Policy
- Attendance Policy
- Safeguarding and Child Protection Policy
- Administration of Medicines Policy
- First Aid Policy
- Delegated Clinical Duties Policy
- Intimate Care Policy
- Educational Visits Policy
- Exam Access Arrangements Policy
- Complaints Policy
- Data Protection and Records management policies

### **3.0 DEFINITIONS, SCOPE AND CONTEXT**

Pupils with medical conditions include those with short-term, long-term, chronic, progressive, mental health or life-limiting conditions that require support in school.

Pupils are likely to have Education and Health Care Plans that provide the statutory provision pupils need to be able to access education.

Support may include day-to-day management, emergency responses, medication administration, clinical procedures and educational adjustments.

CIT schools support pupils with a wide range of needs. Many pupils may have multiple, complex, and/or fluctuating medical conditions. Support may include but are not limited to:

- Diabetes (Type 1 and Type 2)
- Respiratory conditions (e.g. asthma, tracheostomy dependency)
- Gastrointestinal conditions (e.g. gastrostomy feeding, reflux)
- Neurological and genetic conditions (e.g. Hydrocephalus, Acquired brain injury, Epilepsy and seizure disorders)
- Progressive respiratory or cardiac conditions (e.g. cystic fibrosis)
- Neuromuscular conditions (e.g. Congenital muscular dystrophies)
- Progressive respiratory or cardiac conditions (e.g. Cystic fibrosis)
- Life-limiting or terminal illnesses (e.g. terminal cancer)
- Mental health conditions requiring medical intervention (e.g. Psychotic or mood disorders)
- Conditions requiring catheterisation, suctioning, oxygen therapy or medication via alternative routes.

This Trust policy applies to:

- School day provision (on-site)
- Off-site activities, educational visits and residentials
- Transport interfaces (information sharing and planning with the LA)
- Periods of short-term absence and longer-term absence (as set out in related attendance/medical needs processes)

## **ROLES AND RESPONSIBILITIES (CIT STAFF)**

### 4.1 The Trust Board:

- Is legally responsible for fulfilling statutory duties under relevant legislation
- Ensures Trust-wide arrangements are in place to support pupils with medical conditions
- Seeks to ensure pupils can access and enjoy the same opportunities as peers
- Works with the LA, health professionals, commissioners and support services to support pupils' access to education
- Ensures pupils are reintegrated effectively following long-term or frequent absence, where appropriate
- Ensures the focus remains on individual need and required support
- Instils confidence in parents/carers and pupils in CIT's ability to provide effective support
- Ensures staff training, support materials, and access to information are available and effective
- Ensures arrangements for medical needs do not prevent admission (see Admissions)
- Ensures that policies, procedures, plans and systems are properly implemented and monitored

### 4.2 The Headteacher:

Each Headteacher holds overall responsibility for implementation at school level.

- Ensures this policy is implemented effectively with all stakeholders
- Ensures staff understand their roles and access relevant information
- Ensures sufficient trained staff are available to support IHP delivery, including emergencies
- Considers staffing and recruitment needs required to meet medical needs safely
- Has overall responsibility for ensuring IHPs are developed, implemented and reviewed
- Engages relevant nursing / specialist training services where a pupil requires support not yet identified
- Liaises with Public Health / relevant agencies where appropriate (e.g., infection control advice)

### 4.3 School staff:

- May be asked to support pupils with medical conditions including administering medication, but are not required to do so unless contracted accordingly
- Must receive appropriate training and demonstrate competency before undertaking medical support tasks
- Must follow IHPs, risk assessments, and local procedures
- Should respond promptly when aware that a pupil requires help
- Teachers should take account of medical needs in lesson planning and provide additional help where needed, liaising with families and professionals when appropriate
- Staff should use curriculum opportunities (e.g., PSHE) to promote understanding of medical conditions and reduce stigma/bullying

## **Roles and Responsibilities (External agencies and health professionals)**

### 4.4 Nursing / Specialist Trainer Teams (where commissioned/available)

The relevant nursing/specialist trainer teams should, where applicable:

- Support staff to implement medical care plans through advice, training and competency confirmation
- Liaise with clinicians locally regarding appropriate support in schools
- Support schools with planning for pupils whose needs require specialist procedures

### 4.5 Other Healthcare Professionals

Other healthcare professionals may support by:

- Advising on IHP development and emergency care planning
- Supporting school understanding for specific conditions
- Prescribing medication that can be taken outside school hours where possible
- Providing written care/self-management plans as appropriate
- Sharing information (with appropriate consent) to support safe school provision

### 4.6 Local Authority

- Promoting cooperation between partners
- Supporting training and guidance arrangements
- Supporting attendance and full-time education where possible
- Arranging alternative provision for pupils absent for 15 days or more due to health needs (see related Trust policy on pupils unable to attend due to health needs)

## **Roles and Responsibilities (wider school community)**

### 4.7 Parents/carers:

- Inform the school of their child's medical condition and changes
- Provide written information about medication required in school hours and for off-site activities
- Ensure medication/devices are clearly labelled with the pupil's full name and are within expiry date
- Provide appropriate spare medication if required
- Keep their child at home if not well enough to attend
- Engage in medical care plan development/review and agreed actions
- Ensure they (or a nominated adult) are contactable at all times
- Support catch-up learning where appropriate and agreed

### 4.8 Pupils (as appropriate to age/ability)

- Participate in discussions about their support needs where possible
- Tell a trusted adult when unwell or if another pupil is unwell
- Treat medication with respect
- Know how to access support quickly in an emergency
- Develop independence/self-management skills where safe and appropriate

## **5.1. STAFF TRAINING AND COMPETENCY**

- Any staff providing support must receive suitable training.
- Staff do not undertake healthcare procedures or administer medication without appropriate training.
- Training needs will be assessed through Medical Care plan development and review, informed by healthcare professionals.
- A first-aid certificate does not in itself constitute training for specific medical procedures.
- Whole-school awareness training (e.g., epilepsy awareness) may be delivered annually where appropriate to the cohort.
- All staff should be familiar with normal precautions for avoiding Infection. Basic hygiene procedures of hand washing, disposal of contaminated wipes/tissues in the appropriate bin (yellow clinical waste plastic bin liner). Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings in the appropriate container

## **5.2 DELEGATED CLINICAL DUTIES FOR MEDICAL PROCEDURES**

Delegated clinical duties are healthcare procedures or interventions that are:

Normally undertaken by registered healthcare professionals, but are formally delegated to trained, competent school staff, and are required to enable a pupil to access education safely

Examples may include (but are not limited to):

- Enteral feeding e.g. Gastrostomy feeding/ Nasogastric tube (NG)
- Suctioning (oral/tracheal)
- Oxygen administration
- Catheterisation
- Management of complex epilepsy care plans
- Monitoring and responding to specific medical parameters as directed

Delegated clinical duties will only be undertaken where:

- The procedure is necessary to support the pupil's access to education
- Delegation is formally agreed by an appropriate registered healthcare professional
- The duty is clearly defined, time-limited where appropriate, and reviewed regularly
- The pupil's dignity, safety and wellbeing are central to all decisions
- Staff act within the limits of their training and competence
- No member of staff will be required to undertake a delegated clinical duty unless they have voluntarily agreed to do so.

Delegated clinical duties will only be carried out when:

A registered healthcare professional has:

- Assessed the pupil's clinical needs
- Determined that delegation is appropriate
- Provided clear written instructions and protocols
- Written parental/carer consent has been obtained
- The duty is documented within the pupil's medical care plan

Staff undertaking delegated clinical duties must receive procedure-specific training delivered or approved by a suitably qualified healthcare professional.

Training will include:

- The procedure itself
- Infection control
- Equipment use
- Recognition of complications
- Emergency actions

A general first aid qualification does not constitute appropriate training for delegated clinical duties.

Staff competency must be:

- Assessed
- Recorded
- Reviewed at agreed intervals

Delegated clinical duties are subject to ongoing review by healthcare professionals and school leaders. Reviews will consider:

- Changes in the pupil's condition
- Staff confidence and competence
- Incidents, near misses or concerns
- Duties may be withdrawn or amended at any time if safety cannot be assured.

All delegated clinical duties must be supported by:

- A risk assessment
- Clear escalation and emergency procedures

Safeguarding principles apply at all times, including:

- Maintaining dignity and privacy
- Appropriate staff deployment
- Recording and reporting concerns

## **6. ADMISSION**

No child will be denied admission to a CIT school or prevented from taking up a place because arrangements for their medical condition have not yet 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 at that time, or where there are immediate public health concerns (e.g., infection control), and only following appropriate advice and lawful decision-making. Any such decision will be documented and handled fairly and transparently.

## **7. NOTIFICATION AND PLANNING (NEW TO SCHOOL OR NEW DIAGNOSIS)**

When a CIT school is notified that a pupil has a medical condition requiring support in school, the school will:

- Gather information promptly from parents/carers and relevant professionals.
- Arrange a planning meeting (as appropriate) with parents/carers, school staff and healthcare professionals, and the pupil where appropriate, to consider whether a medical care plan is required.
- Put interim support in place where needed; the school does not wait for a formal diagnosis before offering support.

- Where a pupil's needs are unclear or disputed, the Headteacher will decide based on available evidence, including medical advice and consultation with parents/carers. If Fabrication of Injury or Illness (FII) is suspected, the safeguarding team will follow safeguarding procedures.
- For September intake, arrangements will be made prior to start, informed by previous settings. For mid-term admissions/new diagnoses, arrangements will be made as soon as practicably possible.

## **8. MEDICAL CARE PLANS**

The school, parents/carers and healthcare professionals will agree whether a medical care plan is required, proportionate and appropriate. If consensus cannot be reached, the Headteacher will make the final decision. See **appendix 1** for Medical Care Plan template.

Medical care plans will be reviewed at least annually or sooner if the pupil's needs change, or after significant incidents/near misses.

### **9.1 ADMINISTRATION OF MEDICATION**

- Medicines will be administered in accordance with written consent requirements and prescribing information.
- Pupils will be supported to access medication safely and discreetly and encouraged towards independence where appropriate and safe.
- Medication is administered/supervised only by appropriately trained staff who have agreed to undertake the role.
- Where intimate procedures are required, dignity, privacy, safeguarding and (where possible) gender-sensitive arrangements will be considered, while recognising emergency exceptions.

### **9.2 CONSENT FOR ADMINISTRATION OF MEDICATION**

To ensure correct medication is administered, the 'My medication plan' should be completed and signed by parent/carer and stored with the medication. An additional copy should be uploaded to the schools information system.

- a) A letter from a doctor or medical professional would be required if a pupil needed medication to be administered covertly.
- b) In special circumstances where pupil medication is prepared at home to be administered at school, a letter of consent must be written with the specific information for the individual pupil. This must be signed by parent/carer.

### **9.3 TRANSFER OF MEDICATION FROM HOME TO SCHOOL**

- Where appropriate, schools will share relevant information (with appropriate consent) to support safe transport planning for pupils with significant medical needs.
- If a pupil requires medication administration during transport, this must be planned and delivered through the LA's transport arrangements using appropriately trained personnel, in line with agreed responsibilities.
- Staff should ensure that medication that is transported by school is signed over to and from transport.

## **9.4 STORAGE OF MEDICATION**

General/ non prescribed medication storage

- Pupils should not store their medication on their person. All medication should be hand in for safe storage.
- Medication is stored in locked cabinets (or secure storage as required).
- Medication is ideally stored in the original container with label, instructions and expiry date.
- Temperature/storage requirements are followed, including refrigeration where required in a secure area.
- Parents/carers supply medication clearly labelled with pupil name, dose and frequency.
- Arrangements are in place for end-of-year return/collection, where applicable.

Emergency medication storage

- Emergency medication should be readily accessible during the school day and off-site activities. Depending on the developmental stage and age of the pupil it may be deemed appropriate for the pupil to have their emergency medication on their person to support them in developing independence, alternatively the emergency medication should be kept in an agreed location that can be accessed by adults.
- The specific medication care plan should remain with the emergency medication.
- If an emergency medicine is a controlled drug and must be locked, the key must remain readily available and not held solely by one individual.
- Medication is stored securely or carried by staff outside the building, in line with risk assessment and local procedures.

## **9.5 ADMINISTRATION OF MEDICATION PROCEDURE**

When administering medication, staff must complete the ‘Six Checks’ procedure and ensure that the checks and administration are observed by a second staff member:

- o Right pupil
- o Right medication
- o Right dose
- o Right time
- o Right route
- o Right documentation

Administer the medication discreetly and with dignity.

## **9.6 MEDICATION ADMINISTRATION RECORD (MAR)**

Staff should ensure that as soon as medication has been administered, they complete the MAR form and ensure this is counter signed.

## **9.7 REFUSAL**

If a pupil refuses medication, staff must:

- o Not force administration
- o Record the refusal
- o Inform parents/carers

## **9.8 MEDICATION INCIDENT**

A medication incident includes:

- Near miss – an error identified before medication is given
- Medication error – medication given incorrectly (wrong pupil, medicine, dose, time or route), or a missed dose
- Adverse reaction – unexpected or harmful reaction following medication

If a medication incident is suspected or confirmed staff will immediately:

- Ensure the pupil's immediate safety
- Stay with the pupil
- Monitor their condition
- Call 999 if there is any immediate risk to life
- Inform the Headteacher or delegated senior leader immediately
- Seek medical advice
- NHS 111, prescribing clinician, specialist nurse, or emergency services as appropriate
- Preserve evidence (e.g. retain Medication packaging and labels, Medication Administration Record (MAR), Any measuring devices or equipment)
- Do not alter records retrospectively
- Complete the Medication Administration Record (MAR) and highlight the error

A senior leader will inform parents/carers as soon as possible after immediate safety actions and provide clear, factual information and log the communication on CPOM's.

The Headteacher will assess if the case requires consultation with LADO, internal investigation or other escalation procedure and will inform the Trust. The Headteacher will assess if a RIDDOR report should be submitted.

## **9.9 DISPOSAL**

- Expired/unused medication is disposed of safely via agreed routes (e.g., pharmacy/school nurse).
- Each school will have a named person responsible for checking expiry dates at least three times per year, with checks documented.
- Sharps disposal arrangements will be in place where required.

## 10.1 OVER THE COUNTER MEDICATION (OCM)

- School is not legally required to administer non-prescribed medication.
- Non-prescribed medication will only be administered where it is in the pupil's best interests, and where all requirements of this procedure are met.
- No pupil will be given non-prescribed medication without written parental consent.
- Medication must be administered in line with the Administration of Medicines 'Six checks' procedure.

Non-prescribed medication includes, but is not limited to:

- Paracetamol
- Ibuprofen
- Antihistamines (e.g. hay fever medication)
- Topical creams (e.g. eczema cream, barrier creams)
- Teething gel
- Rehydration sachets

School may agree to administer non-prescribed medication only when all of the following apply:

- Written parental consent has been provided (signed and dated).
- The medication is:
  - In its original packaging
  - Clearly labelled with the pupil's full name
  - Within its expiry date
- Clear instructions are provided regarding, dose, timing, route of administration
- The medication is suitable for the child's age, weight and condition.
- The medication does not mask symptoms of a potentially serious illness.
- The Headteacher (or delegated senior leader) has agreed that administration is appropriate.

School will not administer non-prescribed medication where:

- A pupil is unwell enough to require regular pain relief (parents will be asked to collect the pupil).
- The medication is requested:
  - To manage behaviour
  - To enable attendance when the pupil is too unwell for school
- The medication is:
  - Out of date
  - Not in original packaging
  - Not clearly labelled
- The parent requests a dose above the manufacturer's recommended guidance.
- The school has concerns about:
  - Frequency of use
  - Potential misuse
  - Masking symptoms of illness
- There is no written consent.

## **10.2 PARACETOMOL AND IBUPRUFEN**

Due to the risk of overdose, additional safeguarding procedures will apply:

- Parents must confirm:
  - The time and dose of the last administration before school
- Schools will not administer paracetamol or ibuprofen:
  - If the pupil has already received the maximum daily dose
  - If the pupil appears significantly unwell
  - If it hasn't been provided by parents/carers
- Repeated requests for pain relief may trigger:
  - A review with parents
  - Consideration of a Medical care plan

## **10.3 INHALERS**

Staff will be aware of pupils who are asthmatic. Such pupils will have their inhalers stored in the class/school medicines cupboards unless it is agreed that the pupil is able to safely have their inhaler on their person whilst in school and will be allowed to use them when necessary and as prescribed. All doses administered must be recorded on the Medication of Administration Record sheet

Any problems arising from the use of inhalers should be referred to the Headteacher immediately who will consult with the parents/carers or health professionals for further advice.

## **10.4 EMERGENCY MEDICATION**

- Emergency medication is readily available to those who need it, including off-site activities.
- Staff know how to access and administer emergency medication as specified in IHPs and local procedures.
- Written instructions and recording forms are available for off-site and residential activities.
- Where a pupil refuses medication, parents/carers are informed promptly and escalation follows IHP guidance.
- Where medication is missed, parents/carers are informed as soon as possible and actions documented.

## **11.0 PLANNED HOSPITAL ADMISSION**

Before hospital admission:

The school will work in partnership with parents/carers to gather relevant information about:

- Admission date and expected length of stay
- Anticipated impact on attendance, learning and health needs
- Review and update the pupil's medical care plan where appropriate, to reflect changes to medication or care and post-operative needs or restrictions
- Liaise with healthcare professionals and the Local Authority (LA) where required, particularly if absence is expected to be prolonged.

- Plan educational continuity, which may include schoolwork to be completed when the pupil is well enough or liaison with hospital education services if applicable
- Prepare staff by sharing appropriate information on a need-to-know basis, in line with data protection requirements.
- Consider emotional preparation, including reassurance and discussion with the pupil (as appropriate) and support for anxiety related to hospital admission

During hospital admission:

The school will maintain appropriate contact with the pupil and family, respecting privacy and recovery needs.

- School will liaise with the Local Authority and hospital education providers where the admission is expected to last 15 days or more (consecutively or cumulatively), to support suitable education provision.
- Keep the pupil connected to school life, where appropriate, through messages, cards or digital contact, updates about school events or peers
- Monitor attendance records accurately to reflect medical absence.
- Remain alert to safeguarding concerns, including the emotional wellbeing of the pupil and family.

After hospital discharge/return to school:

School will organise a meeting with parents/carers (and the pupil where appropriate) to discuss:

- Medical advice and any restrictions that will impact on returning to school
- Ongoing medication or care needs and what is feasible within school
- Physical and emotional readiness to return to school full time
  
- Update the medical care plan and risk assessments to reflect post-operative needs.
- Develop a reintegration plan, where required, which may include:
  - A phased or part-time timetable
  - Additional rest periods or adjustments
  - Temporary curriculum adaptations
- Ensure staff are informed and trained where new or changed medical support is required.
- Monitor the pupil's wellbeing and progress, reviewing arrangements regularly and adjusting support as needed.

## **12.1 FIRST AID TRAINING**

The school has trained paediatric first aiders. They are responsible for:

- Taking charge when someone is injured or becomes ill.
- Ensuring there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

First aiders are trained and qualified to carry out the 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.
- Liaise with Senior leaders to assess if a pupil needs to go home to recover, where necessary
- Filling in a first aid form on the same day, or as soon as is reasonably practicable, after an incident.

## 12.2 MINOR INJURIES

Examples include but not limited to; small cuts or grazes, minor bumps, small bruises, splinters, mild nosebleeds.

1. A trained first aider will assess the pupil.
2. Appropriate first aid will be given using standard infection control precautions.
3. The pupil will be reassured and returned to learning when appropriate.
4. Treatment is recorded in the school's first aid records
5. Parents/carers will be informed.

## 12.3 FEELING UNWELL

Examples include but not limited to; headache, mild stomach ache, tiredness, mild nausea.

1. The pupil will be supported by a member of staff and assessed by a first aider if required.
2. The pupil will be allowed to rest in a quiet area and offered water where appropriate.
3. Symptoms will be monitored.
4. Parents/carers will be informed and asked to collect if symptoms persist or worsen.
5. If non-prescribed medication is considered, this will only be given in line with the Administration of Medicines procedure and with written parental consent.

## 12.4 BEING UNWELL

Examples include but not limited to, vomiting, fever, persistent pain, diarrhoea, significant lethargy, infection symptoms.

1. A first aider assesses the pupil promptly.
2. The pupil is supervised in a suitable area while awaiting collection.
3. Parents/carers are contacted and asked to collect the pupil as soon as practicable.
4. The pupil will not be returned to class.
5. The incident is recorded.
6. Infection control guidance is followed, including exclusion periods where applicable.

## 12.5 CONTAGIOUS ILLNESSES

There are government guidelines for schools and nurseries about health protection and managing specific infectious diseases [Is my child too ill for school? - NHS](#). These say when children should be kept off school and when they shouldn't.

If your child is well enough to go to school but has an infection that could be passed on.

Illness	Pupils should remain off school...
High temperature	until temperature returns to normal.

Chicken pox	until all the spots have crusted over. This is usually about 5 days after the spots first appeared.
Impetigo	until all the sores have crusted over and healed, or for 48 hours after they start antibiotic treatment.
Measles	Until 4 days from when the rash first appears.
Ringworm	once they have started treatment.
Scarlet fever	24 hours after starting antibiotics.
Vomiting and diarrhoea	until they have not been sick or had diarrhoea for at least 2 days (48 hours).
Ear infection and high temperature or severe earache	until they're feeling better or their high temperature goes away.

## 12.6 OTHER ILLNESSES

Illness	School response
Coughs and colds	Staff will monitor their temperature and encourage your child to throw away any used tissues and to wash their hands regularly.
Cold sores	Encourage pupils not to touch the blister or kiss anyone while they have the cold sore, or to share things like cups and towels.
Conjunctivitis	Encourage pupil not to rub their eyes and to wash their hands regularly.
Hand, foot and mouth disease	Encourage pupil to throw away any used tissues straight away and to wash their hands regularly. School will write to parents within the class to inform other families to be vigilant for any spread.
Head lice/nits	Staff are not permitted to search or treat head lice/nits. School will write to parents within the class to inform other families to be vigilant for any spread.
Slapped cheek syndrome	School will write to parents within the class to inform other families to be vigilant for any spread.
Threadworms	School will write to parents within the class to inform other families to be vigilant for any spread.

## 12.7 SIGNIFICANT INJURY

Examples include but not limited to, suspected fracture, deep wound, heavy bleeding, serious fall, head injury.

1. The pupil will not be initially moved unless there is immediate danger.
2. A trained first aider will attend immediately.
3. Emergency services will be called if:
  - the injury is serious or worsening
  - there is heavy bleeding
  - the pupil has lost consciousness
4. Parents/carers will be informed as soon as possible
5. For head injuries:
  - The pupil is monitored for signs of concussion.
  - Medical advice is sought where indicated.
  - The pupil will not be allowed to return to normal activities where concerns exist.

6. The incident is recorded and escalated to senior staff.
7. Safeguarding procedures are followed where appropriate.

## **12.8 MEDICAL EMERGENCY**

Examples include but not limited to, seizures, anaphylaxis, severe asthma attack, diabetic emergency, collapse, breathing difficulty, cardiac arrest.

1. Follow the pupil's medical emergency care plan and/ or call 999.
2. Administer emergency medication if trained and authorised to do so.
3. A staff member stays with the pupil at all times.
4. Another staff member:
  - contacts parents/carers immediately
  - meets emergency services on arrival
5. The incident is recorded and reviewed.

Following any significant incident or emergency:

- The pupil's wellbeing will be monitored.
- Parents/carers are kept informed.
- Medical care plans, risk assessments or procedures are reviewed if required.
- Staff support or refresher training is arranged where appropriate.
- Reporting obligations (e.g. RIDDOR, safeguarding) are considered.

## **12.9 OFF SITE FIRST AID PROCEDURES**

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

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils.
- Access to parents' contact details

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current first aid certificate on school trips and visits.

## **13.0 REPORTING TO THE HEALTH AND SAFETY EXECUTIVE (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 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 2013 legislation.

The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
  - 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.
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
  - Where an accident leads to someone being taken to hospital
  - 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.

Information on how to make a RIDDOR report is available here:

<http://www.hse.gov.uk/riddor/report.htm>

## **14 RECORD KEEPING**

School will ensure that the following records are recorded accurately and confidentially in line with GDPR procedures.

- Medication administered record
- Incidents, near misses, refusals, missed doses and actions taken
- Training undertaken and competency confirmations
- Medical plan creation/reviews and distribution/access arrangements
- If refuse treatment

## **15. LIABILITY AND INDEMNITY**

CIT ensures appropriate insurance arrangements are in place to cover staff providing support, including administration of medication and healthcare procedures, subject to training and policy compliance.

All staff must have undertaken appropriate training relevant to their responsibilities.

## **16. COMPLAINTS**

Parents/carers and pupils wishing to raise concerns should speak to the school in the first instance. If unresolved, concerns can be escalated through the Trust's Complaints Policy. Where

required, complainants may pursue external escalation routes in accordance with that policy and applicable guidance.


## **17. MONITORING, EVALUATION AND REVIEW**

This policy will be reviewed annually by the CIT Board in line with the Trust policy timeline, or sooner where:

- There are significant changes in legislation/guidance
- A serious incident indicates the need for review
- Stakeholder feedback highlights improvements needed

Trust schools will contribute to evaluation through local feedback from pupils (where appropriate), parents/carers, staff and health partners.

**APPENDIX 1: MEDICAL CARE PLAN TEMPLATE**

	Place pupil's photo here	Place school logo here
Child's name		
Class/form		
Date of birth		
Child's address		
NHS number		

PROFESSIONALS WORKING WITH ME		
NAME	JOB ROLE	CONTACT DETAILS

MY MEDICAL DIAGNOSIS / CONDITIONS	
Medical diagnosis/ conditions	
Medication related to diagnosis/ conditions	
Emergency response plans	

MY ALLERGIES	
List of allergies	
Medication to prevent allergies and location of storage	
Description of allergic reactions	
Response to allergic reaction	

MY MEDICATION			
<b>Reason for medication</b>			
<b>Is medication prescribed?</b>			
<b>Is it a controlled drug?</b>			
<b>Medication name</b>			
<b>Strength</b>			
<b>Dose to be given</b>			
<b>Route (oral, inhaled, PEG etc)</b>			
<b>Time(s) to be administered</b>			
<b>Frequency</b>			
<b>With/without food/liquid</b>			
<b>Expiry date</b>			
<b>Storage</b>			
<b>Prescribed by?</b>			
<b>Level of support required</b>	<input type="checkbox"/> Medication administered by staff <input type="checkbox"/> Medication taken under supervision <input type="checkbox"/> Pupil self-administers (with supervision) <input type="checkbox"/> Pupil self-administers independently		
<b>Procedure for storage and administration if required during school hours off site.</b>			
<b>Side effects</b>	<b>List of possible side effects:</b>		
	<b>Action if side effects observed:</b> <input type="checkbox"/> Monitor and record <input type="checkbox"/> Inform medical lead <input type="checkbox"/> Inform parent/carer <input type="checkbox"/> Seek medical advice <input type="checkbox"/> Call emergency services		
<b>Signed by parent/carer</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"><b>Date:</b></td> </tr> </table>		<b>Date:</b>
	<b>Date:</b>		

MY FEEDING PLAN		
Type of feeding equipment		
Disposal of equipment		
Time	Feed/Liquid	Amount
<b>Additional Information:</b>		

MY EPILEPSY CARE PLAN	
Type of seizure	
Description of seizure	
Usual Duration	
Initial response/ medication	
Emergency response	
Recovery	
Important information	

MY OXYGEN USE:	
<b>My flow rate is:</b>	
<b>My oxygen is stored in:</b>	
Oxygen use	
Getting started	
Using the cylinder	
Selecting the correct flow rate	
After use	



**APPENDIX 3: Head injury form**

<b>YOUR CHILD HAS HAD AN INJURY TO THE HEAD</b>			
<b>School name</b>			
<b>Date of injury</b>			
<b>Time of injury</b>			
<b>Location of incident</b>			
<b>How the injury occurred</b>			
<b>Initial assessment and first aid provided</b>			
<b>Did pupil lose consciousness</b>	YES	BRIEFLY	NO
<b>Any visible sign of injury</b>			
<b>Condition at time of leaving school</b>	<input type="checkbox"/> Was alert and responsive <input type="checkbox"/> Complained of a headache <input type="checkbox"/> Appeared tired or subdued <input type="checkbox"/> Had no concerning symptoms		
<b>IMPORTANT – HEAD INJURY ADVICE</b>			
Please monitor your child closely for the next 24–48 hours. Seek urgent medical advice (A&E / 999) if your child develops any of the following: <ul style="list-style-type: none"> <li>➤ Persistent or worsening headache</li> <li>➤ Repeated vomiting</li> <li>➤ Loss of consciousness</li> <li>➤ Drowsiness or difficulty waking</li> <li>➤ Confusion, unusual behaviour or irritability</li> <li>➤ Slurred speech</li> <li>➤ Seizure or fitting</li> <li>➤ Weakness in arms or legs</li> <li>➤ Unequal pupil size</li> <li>➤ Clear fluid or blood from the nose or ears</li> </ul>			
<b>WHAT YOU SHOULD DO AT HOME</b>			
<ul style="list-style-type: none"> <li>➤ Encourage rest and quiet activities</li> <li>➤ Avoid screen time and strenuous activity for the rest of the day</li> <li>➤ Give pain relief only as advised by a healthcare professional</li> <li>➤ Do not allow your child to return to sport or physical play until fully well</li> <li>➤ Seek medical advice if you are concerned at any point</li> </ul>			
<b>RETURN TO SCHOOL</b>			
<ul style="list-style-type: none"> <li>➤ Please inform the school of:</li> <li>➤ Any medical advice received</li> <li>➤ Any ongoing symptoms</li> <li>➤ Any restrictions on activity</li> <li>➤ Your child may require temporary adjustments following a head injury.</li> </ul>			
<b>SCHOOL CONTACT (If you have any concerns or need to discuss this injury)</b>			
<b>Name</b>			
<b>Role</b>			
<b>Telephone</b>			

