



THOMSON HOUSE SCHOOL

Thomson House School

Medical Policy

Incorporating:

- *First Aid in Schools Policy*
- *Medicines In School Policy*
- *Supporting Children with Medical Needs Policy*
- *Children with Health Needs Who Cannot Attend School Policy*

Agreed by: Education Committee

Date: June 2023

Review Cycle: Annual (Bi-Annual)

Review Date: June 2025

All the Thomson House School policies should be read in conjunction with the Equality Policy.

If you require a copy of this document in large print, Braille or audio format, please contact the School Business Manager



THOMSON HOUSE SCHOOL

FIRST AID IN SCHOOLS

1. Aims of this policy statement

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors;
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety;
- Provide a framework for responding to an incident, recording and reporting the outcomes

2. Legislation and Guidance

This policy is based on the Department for Education advice and guidance on first aid in schools (click [here](#)) and health and safety in schools, Statutory Framework for the Early Years Foundation Stage, advice and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, 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;
<https://www.legislation.gov.uk/uksi/1981/917/made>
- The Health and Safety at Work Act 1974 and Associated Regulations, which require employers to make an assessment of the risks to the health and safety of their employees;
<https://www.legislation.gov.uk/ukpga/1974/37/contents>
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of pupils;
<https://www.legislation.gov.uk/uksi/2012/1943/contents/made>
- Education Regulations 2014
<https://www.legislation.gov.uk/uksi/2014/3283/made>
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
<https://www.hse.gov.uk/pubns/indg453.htm>

3. Roles and responsibilities

Governing Board Jo Fiddian	<ul style="list-style-type: none"> • Delegate responsibility for the day-to-day operational management of First Aid to the Head Teacher; • Review termly first aid data on number of accidents, including any reported externally; • Review the health & safety risk assessment annually; • Take part in health & safety site walks and raise any issues that may impact the likelihood of accidents and the ability to deal with them.
Headteacher Amanda Letch	<ul style="list-style-type: none"> • Ensuring that an appropriate number of trained first aid personnel are always present in the school; • Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role; • Ensuring all staff are aware of first aid procedures; • Ensuring appropriate risk assessments are completed and appropriate measures are put in place; • Undertaking, or ensuring that managers undertake risk assessments as appropriate, and that appropriate measures are put in place; • Ensuring that adequate space is available for catering to the medical needs of pupils; • Reporting specified incidents to the HSE when necessary (see section 6).
First Aiders	<ul style="list-style-type: none"> • First aiders must complete a training course approved by the Health and Safety Executive (HSE) – normally First Aid at Work. A 3-day course that lasts for 3 years and requires a 2-day refresher training to renew; • At school, the main duties of a first aider are to: <ul style="list-style-type: none"> ○ give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school; ○ when necessary, ensure that an ambulance or other professional medical help is called; ○ record all incidents and refer to external bodies if required.
Appointed persons (See appendix for list of names)	<ul style="list-style-type: none"> • Takes charge when someone is injured or becomes ill; • Looks after the first-aid equipment eg restocking the first-aid container; • Summons an ambulance or other professional medical help; • Appointed persons are not first aiders and should not give first aid treatment for which they have not been trained. They should have attended a 4-hour basic first aid course on the following: <ul style="list-style-type: none"> ○ what to do in an emergency; ○ cardiopulmonary resuscitation; ○ first aid for the unconscious casualty; ○ first aid for the wounded or bleeding. • At THS, we recommend a paediatric first aid course • Record all incidents in the approved format
All staff	<ul style="list-style-type: none"> • Ensuring they follow first aid procedures; • Ensuring they know who the first aiders in school are; • Completing accident reports for all incidents they attend;

	<ul style="list-style-type: none"> • Informing the Headteacher or their manager of any specific health conditions or first aid needs; • Informing the Headteacher or their manager of any specific health and safety concerns.
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4. First aid procedures

4.1 Location of first aid kits

First Aid kits should be available in the following locations:

- Sheen Lane School Office (full kit)
- Vernon Road School Office (full kit)
- SL Playground
- Every classroom
- Portable kits for lunchtimes at Mortlake Green and school trips kept in School Offices

4.2 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 seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment;
- The first aider, if called, will assess the situation and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives;
- The first aider will also decide whether the injured person should be moved or placed in a recovery position;
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents;
- If emergency services are called, the Lead First Aider / office staff will contact parents immediately;
- The First Aider will complete an accident report form on the same day, or as soon as is practical after an incident resulting in an injury.

4.3 Off-site procedures

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

- A mobile phone
- A first aid kit
- Information about the specific medical needs of pupils on the trip
- Parents' contact details
- Risk assessments will be completed by the trip leader and checked by the Head Teacher prior to any educational visit that necessitates taking pupils off school premises. For EYFS, there will always be at least one appointed person with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage. In other year groups, when possible, a First Aider will be present on the trip, but this may not always be possible.
- Specific medication such as inhalers and epi-pens **must** be taken on the trip.

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet giving general advice on first aid (see list of publications in Annex A);
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- Two sterile eye pads;
- Four individually wrapped triangular bandages (preferably sterile);
- Six safety pins;
- Six medium sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings;
- Two large (approximately 18cm x 18cm) sterile individually wrapped un-medicated wound dressings;
- Three pairs of disposable gloves;
- Two masks;
- Two aprons.

No medication is kept in first aid kits.

6. Record-keeping and reporting

6.1 First aid and accident recording (minor incidents)

- All incidents relating to first aid will be logged on the Medical Tracker, and electronic tracker which records the reason for needing first aid support, what was done (for example, if they had a cut cleaned and plaster put on), and what the outcome was.. For incidents that happen offsite, there are Recording sheets in every first aid box and bag. For incidents that happen on the playground, members of staff complete accident logs in a first aid log book.
- An Accident Form will be completed by the first aider/relevant member of staff 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:
 - the date, time, and place of incident;
 - the weather conditions;
 - the name (and class) of the injured or ill child;
 - details of the injury/illness and what first aid was given;
 - what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital);
 - name and signature of the first aider or person dealing with the incident.
- In the case of serious injury, a copy of the accident report form will also be added to the pupil's educational record by the Office team
 - 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.

6.2 Reporting to the HSE

The Head of Finance and Operations (Adrian Deslongrais) 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 Head of Finance and Operations 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.

The following accidents must be reported to HSE if they injure either the school's employees during an activity connected with work, or self-employed people while working on the premises:

- Accidents resulting in death or major injury (including because of physical violence);
- Accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).
- For definitions of major injuries, dangerous occurrences and reportable diseases see HSC/E guidance on RIDDOR 1995, and information on Reporting School Accidents (Annex A).

6.3 Notifying parents

The Lead First Aider or senior leaders will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

Children receiving first aid treatment for minor incidents from the playground will be given a paper slip to take home to inform parents. A 'bumped head' sticker or a first aid sticker will also be given to the child, so staff and parents are aware.

Parents will be called if a child visits the School Office for a medical-related reason and requires further follow-up or monitoring.

7. Training

All first aiders must have completed a 'First Aid at Work' training course and must hold a valid certificate of competence to show this. All appointed persons administering first aid must have attended a minimum half day course on basic first aid or paediatric first aid.

All staff in Early Years will complete a paediatric first aid course.

The school will keep a register of all trained first aiders and appointed persons, what training they have received and when this is valid until. Staff are encouraged to renew their first aid training when it is no longer valid. The school will cover the cost of this training.

All staff will have annual training in delivery of epi-pen medication.

8. Monitoring arrangements

This policy will be reviewed by the Headteacher every 2 years. At every review, the policy will be approved by full governing board.

9. Links with other policies

This first aid policy is linked to the

- Health and Safety Policy
- Outdoor Off-site Learning Policy
- Supporting Children with Medical Conditions Policy
- Children with Health Needs Who Cannot Attend School Policy
- Medicines in School policy

Appendix one:

First Aid Recording Form

Name:		Class:	
Date & Time:		Weather Conditions:	
Details of injury:			
How did the injury happen?			
First aid treatment given and action taken:			
Parent contacted:		Yes	No
Signed:		Date:	

Appendix Two: Named First Aiders and Appointed Persons

Name	Position	Qualification	Expiry date	Site
Adrian Deslongrais	Head of Finance and Operations	Paediatric First Aid Course	15/05/2025	Both
Renata Guilger	Assistant Teacher	Paediatric First Aid Course	12/05/2025	SL
Galina Agarwal	Assistant Teacher	Paediatric First Aid Course	12/05/2025	Both
Nathalie Triboul	Midday Supervisor	Emergency First Response 1 day course	05/10/2022	SL
Lindsey Robinson	Office Manager	Blended Emergency First Aid at Work	15/12/2024	Both
Sally West	Assistant Teacher (Y2)	Basic First Aid (one day)	05/10/2022	SL



MEDICINES IN SCHOOL POLICY

1. AIMS OF THIS POLICY STATEMENT

- To support regular attendance of all pupils
- To support the medical needs of pupils
- To ensure staff understand their roles and responsibilities in administering medicines
- To ensure parents understand their responsibilities in respect of their children's medical needs
- To ensure medicines are stored and administered safely

Where children are unwell and not fit to be in school, and where they are still suffering from an infection which may be passed to others, children should remain at home to be cared for and looked after. Even if they have improved, children may not return to school for at least 48 hours into a course of antibiotics.

The school is committed to ensuring that children may return to school as soon as possible after an illness, (subject to the health and safety of the school community) and that children with chronic health needs are supported at school. This policy statement sets out clearly a sound basis for ensuring that children with medical needs receive proper care and support in school.

2. PRESCRIPTION MEDICINES

- Medicines should only be brought to school when essential (where it would be highly detrimental to the child's health if the medicine were not administered during the school day) and with the consent of the Head Teacher;
- The exception is for inhalers and epi-pens, which can be administered subject to the completion of a care plan;
- A parent or designated adult should attend school to administer the medication at the agreed times, if medication is essential.
- Only if this is impossible and only if the timing of the medication is essential will the Head Teacher give permission for staff to administer medicines;
- Once agreed by the Head Teacher, medicines should be taken directly to the School Office by a responsible adult;
- In the few cases where the Head Teacher has agreed to prescribed medicines being in school, they will only be accepted in the original container as dispensed by a pharmacist and with the child's name from the prescriber's label plus instructions for administration;

- The prescribed medicine should be clearly marked with the child's name and class name
- The appropriate dosage spoon should be included
- The parent must complete a Medication Form and any medicine administered by staff will be recorded by the staff member on this document and kept on file.

3. NON-PRESCRIPTION MEDICINES

- We will not administer non-prescription medicines unless directed by a doctor and will follow the procedures above.
- We will NOT give paracetamol or ibuprofen routinely as their primary use is to control raised temperature - for which a child should be at home. If advised by a doctor in writing or by telephone in an emergency, we will give a child ibuprofen or paracetamol for pain relief;
- We will not administer seasonal medication such as antihistamines, as these medicines can/should be given outside of school hours;
- We do not allow cough sweets in school.

4. ROLES AND RESPONSIBILITIES

Governing Board	<ul style="list-style-type: none"> • Ensure that arrangements for storing medicines in school are sufficient to meet statutory responsibilities; • Ensure that policies, plans, procedures, and systems are properly and effectively implemented; • ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk; • Regularly review medical policies which reflect medical needs at school • Ensure arrangements give parents and pupils confidence in the school's ability to provide support for pupils' medical conditions in school; • Ensure that staff are professionally trained to administer medication, when essential;
Exec Head Teacher (Amanda Letch)	<ul style="list-style-type: none"> • Ensure that this policy is in line with national guidance and legislation and that it is shared with all key stakeholders; • Monitor and review the policy every two years, involving all key stakeholders in the process; • Ensure that staff are trained in compliance with this policy and that this policy is fully implemented; • Ensure that arrangements are in place to store any medicines safely; • Ensure that arrangements for administering medicines are robust enough to protect staff and pupils from giving the wrong dose; • Ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk with storing medicines in school; • Liaise with the school nursing service for up-to-date advice in the storage of medicines; • Liaise with other external services (e.g. medical professionals); • Ensure that parents are aware of this policy; • Ensure confidentiality;
Admin team	<ul style="list-style-type: none"> • Ensure sufficient first aiders exist in the school at any point in time; • Ensure first aiders have up to date qualifications and information; • Store medicines safely in line with this policy;

	<ul style="list-style-type: none"> • Liaise with parents in supporting pupils with medical needs; • Ensure Healthcare Plans are shared and understood by supporting staff; • Ensure administration of medication is recorded accurately; • Ensure no medication is stored in First Aid bags; • Ensure parents complete all paperwork accurately for permissions to administer medication, if essential;
School Staff	<ul style="list-style-type: none"> • Staff at Thomson House School are expected to do what is reasonable and practical to support the medical needs of pupils. This will include administering medicines or supervising children in self-administration. However, as they have no legal or contractual duty, staff may be asked, but cannot be directed, to do so; • Staff must attend training on medical needs, in line with school policies; • Staff must complete a medication record sheet per pupil (kept in the office), each time medicine is administered within school time; • Relevant staff will be trained on how to administer Epi-pens each year.
Parents Responsibility	<ul style="list-style-type: none"> • In most cases, parents will administer medicines to their children themselves out of school hours, but where this is not possible, parents of children in need of medication must ensure that the school is accurately advised about the medication, its usage and administration. • Parents must complete the parental agreement form (medication sheet) kept in the office before medicines can be administered by staff; • Primary school children may be able to manage their own medication, under adult supervision but again, only with parental agreement and Head Teacher agreement given through the appropriate paperwork as above; • Parents are responsible for ensuring that all medication kept in school e.g. asthma pumps, Epi-pens, are in date; • Parents are responsible for notifying the school if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic.

5. LONG-TERM AND COMPLEX NEEDS

- Where a child has significant or complex health needs parents should give full details on entry to school or as the child first develops a medical need. Where appropriate, a health care plan (appendix one) may be put in place involving the parents and relevant health care professionals.

6. SAFE STORAGE OF MEDICINES

- The school is responsible for ensuring that all medicines are stored safely;
- Medicines should be stored in the supplied container, clearly marked with the child's name, dose and frequency of administration;
- All medicines are stored securely in the School Office with access only for staff;
- Asthma reliever inhalers for each child who suffers with asthma are in the School Office in named boxes.

- Epi pens are not kept in a locked cupboard to ensure swift and easy access: they are kept in the School Office. Individual names are shown clearly in large black writing on each epi pen;
- There is also an emergency inhaler, with disposable spacers, and an emergency epi-pen kept in both offices.
- Where medicines need to be refrigerated, they will be kept in the medicine's fridge in the School Office;
- All medication is sent home with pupils at the end of the school year. Medication is not stored in school over the summer holidays.
- It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year. Parents at this school are asked to collect out-of-date medication. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

7. MANAGING MEDICINES ON SCHOOL TRIPS

- On school trips the teacher is responsible for taking a first aid kit and specific pupil medication e.g. asthma pump or Epi-pens. Emergency medication will be administered as appropriate and under the direction of a First Aider or Doctor.
- The offsite emergency inhaler, with disposable spacers, and the emergency epi-pen, must also be taken on school trips.



THOMSON HOUSE SCHOOL

SUPPORTING CHILDREN WITH MEDICAL NEEDS

1. Background and aims of this policy statement

Thomson House School is an inclusive community that aims to support and welcome pupils with medical conditions in the same way as it welcomes other pupils at school. The school understands that it has a responsibility to be welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future. The school aims to provide all children with the same opportunities at school.

This policy is underpinned by **Section 100 of the Children and Families Act 2014** which states that 'appropriate authorities' (Thomson House School's Governing Board) have a duty to make arrangements for supporting pupils at school with medical conditions.

Thomson House School's Governing Board understands that pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. The Governing Board will also ensure that senior leaders consult health and social care professionals, pupils, and parents to ensure that the needs of children with medical conditions are effectively supported.

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Thomson House School understands that parents / carers* of pupils with medical conditions also need to feel secure with the care their children receive at school - because pupils with long-term and complex medical conditions may require on-going support, medicines, or care while at school to help them manage their condition and keep them well. The school aims to work closely with parents to give them confidence in the school's ability to support their children with medical needs. Any support arrangements will show an understanding of how medical conditions can impact a child's ability to learn, impact their self-esteem and impact their self-confidence. The school will also take measures to ensure that all staff receive appropriate training to understand their duty of care to children and young people and that in the event of an emergency staff feel confident in knowing what to do.

** The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian, or local authority.*

2. Roles and responsibilities of key stakeholders involved in supporting children with medical needs

This policy has been drawn up in consultation with a range of key stakeholders within both the school and health settings including:

Governing Board	<ul style="list-style-type: none">• Ensure that arrangements are sufficient to meet statutory responsibilities;• Ensure that policies, plans, procedures, and systems are robustly and effectively implemented;• Ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk;• Regularly review policies which impact children with medical needs at school• Ensure that arrangements are in place to support pupils with medical conditions;• Ensure that such children can access and enjoy the same opportunities at school as any other child;• Ensure arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;• Ensure arrangements understand how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;• Ensure that staff are professionally trained to provide the support that pupils need;
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<p>Headteacher (Amanda Letch)</p>	<ul style="list-style-type: none"> • Ensure that this policy is in line with national guidance and legislation and that it is shared with all key stakeholders and that key stakeholders understand their duty of care to children with medical needs; • Monitor and review the policy every two years, involving all key stakeholders; • Ensure that staff are trained in compliance with this policy and that this policy is fully implemented; • Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions; • Ensure that any members of school staff who provide support to pupils with medical conditions can access information and other teaching support materials as needed; • Sufficient trained numbers of staff are available to deliver against all individual healthcare plans, including in contingency and emergency situations • Ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk and that school staff are aware that they are insured to support pupils in this way; • Liaise with the school nursing service 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; • Liaise with other external services (e.g. medical professionals); • Ensure that parents feel supported through regular meetings with key staff; • Ensure pupil confidentiality; • Create a welcoming and inclusive ethos in school.
<p>Parents/carers of Children with Medical Conditions Responsibilities</p>	<ul style="list-style-type: none"> • To notify the school of any medical needs of their children during the admissions process (i.e. before the child enters the school); • To provide the school with sufficient and up-to-date information about their child's medical needs and any changes in their condition; • To inform the school of any medication their child requires during school hours; • To inform the school of any medication their child requires while taking part in off-site activities; • To inform the school of any changes in prescribed medication as soon as these changes take place; • To be involved in the development, drafting and review of their child's individual healthcare plan; • To provide medicines and equipment to the school, as necessary, labelled with child's full name; • To provide the school with appropriate spare medication labelled with their child's name and ensure that their child's medication is within expiry dates; • Keep their child at home if they are not well enough to attend school; • Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional; • Ensure they or another nominated adult are always contactable.

School Staff	<ul style="list-style-type: none"> • Receive suitable training to ensure appropriate support for pupils with medical needs and sound levels of confidence in staff supporting these pupils; • Attend annual training from the allocated School Nurse in common medical conditions; • Attend other training organised by SLT, as and when required; • Read, understand, and comply with this policy and future updates; • Know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan; • Maintain effective communication with parents including informing them if their child has been unwell at school; • Be aware of the potential triggers, signs and symptoms of common medical conditions; • Know what to do in an emergency; • Ensure pupils who need medication have it with them when they go offsite; • Be aware of pupils with medical conditions needing extra social and emotional support; • Understand common medical conditions and the impact it can have on pupils; • Ensure pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
School Nurse	<ul style="list-style-type: none"> • Help update the school's medical policy; • Notify the school when a child has been identified as having a medical condition which will require support in school (ideally before the child starts at school); • Liaise with external medical professionals for advice and support; • Provide advice, liaison, and regular training for school staff in medical conditions at school; • Provide information about other specialist training providers.
SENDCo (Tom Jacob)	<ul style="list-style-type: none"> • Know which pupils have a medical condition and which have special educational needs because of their condition; • Offer support and guidance to staff in supporting children with SEND (Special Educational Needs and Disabilities) due to their medical condition; • Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work; • Ensure regular communication with parents of children impacted by medical needs and special educational needs; • ensure inclusive practice throughout the school.
Admin team	<ul style="list-style-type: none"> • Ensure sufficient first aiders/ appointed persons for first aid exist in the school; • Ensure first aiders have up to date qualifications and information; • Store medicines in line with the THS Medical Policy; • Liaise with parents in developing a Healthcare Plan for pupils with medical needs; • Ensure every Healthcare Plan is shared and understood by all supporting staff; • Ensure all paperwork is kept up to date with any changes in pupils' medical needs; • Ensure first aid bags are kept fully supplied; • Ensure no medication is kept in First Aid bags;

	<ul style="list-style-type: none"> Record absence appropriately and liaise with parents of children who have medical needs who are absent from school; Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school; Call for and liaise with emergency services, if required Record all first aid activities.
Pupils	<ul style="list-style-type: none"> Provide information about how their condition affects them to parents and school staff; Be fully involved (age appropriate) in discussions about their medical support needs; Contribute (age appropriate) to the development of, and comply with, their individual healthcare plan; After discussion with parents, be competent to manage their own health needs /medicines; Inform staff if other pupils are not sensitive to the needs of those with medical conditions.

3. Staff Training

All staff at Thomson House are trained at induction and thereafter annually, in the following:

- What to do in an emergency for the most common serious medical conditions - including to act like any prudent parent in emergency situations (requirement of common law) - this may include administering medication;
- Read, understand, and comply with this policy;
- Know symptoms of common medical conditions at school and what to do if symptoms emerge;
- Understand their duty of care to pupils with medical needs;
- Use of Inhalers and epi-pens training, given by the allocated School Nurse.

When parents inform the school of specific medical needs relating to their child, staff will be trained in how to support those children. Details of training requirements will be logged in the Healthcare Plan for that child. Training needs will be reviewed when any changes occur to the Healthcare Plan, or when there are staff changes, or at the very least, annually.

Staff who provide support to children who have medical needs, will be included in meetings where the child's medical needs are discussed.

Thomson House School will liaise with the relevant external medical professionals to source relevant training opportunities for staff. The school understands that it has a duty to ensure staff are competent and feel confident in supporting children with medical needs. Staff must be able to fulfil the requirements of the Healthcare Plan. In some circumstances, parents may be asked to provide an element of training for staff, but they will not be the sole trainer for staff.

4. Communication

This policy is supported by a clear communication plan for staff, parents, and other stakeholders to ensure its full implementation. Parents are informed and reminded about the school's medical conditions policy:

- At the start of the school year when communication is sent out about Healthcare Plans;
- In the school newsletter at several intervals in the school year;
- When their child is enrolled as a new pupil;
- Via the school website.

School staff are informed and regularly reminded about the Medical Policy:

- At the first staff meeting of the school year;
- At scheduled medical conditions training throughout the year;
- Through the key principles of the policy being displayed in prominent staff areas;
- All supply and temporary staff are informed of the policy and their responsibilities on entering the school;
- Through the school newsletter and the school website.

All other external stakeholders are informed and reminded about the school's medical conditions policy via the school's website.

5. Emergency Procedures

In an emergency, staff should do the following:

- Administer first aid, if required;
- Ensure an adult remains with the child whilst another adult contacts the office;
- The Admin team/ First aider to call emergency services;
- Admin team to contact senior leaders followed by the parents of child;
- Record the details of the incident as soon as practicable.

Healthcare plans include what constitutes an emergency and what actions should be taken

If a pupil needs to be taken to hospital, a member of staff will always accompany the child until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room and food preparation areas.

6. Offsite Activities, including residential trips

Thomson House School will ensure that pupils with medical conditions will be actively supported, and clear arrangements put in place, so that they can participate in school trips and visits, or in sporting activities. Reasonable adjustments will be made so that pupils can be included unless evidence from a clinician says otherwise.

The pre-visit and ensuing risk assessment will take account of any steps needed to ensure that pupils with medical conditions are included – this may include communication with parents and healthcare professionals.

7. Record Keeping

Thomson House School has clear guidance about record keeping.

Parents declare health conditions or health issues on the enrolment form for their child. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms. These forms are securely kept in the THS medical file and in each pupil's file.

The Healthcare Plans record key details about individual children's medical needs at school, their triggers, signs, symptoms, medication, and other treatments. Further documentation can be attached to the Healthcare Plan if required. These Healthcare Plans are drawn up with the parents and key THS staff and once completed are kept securely in the THS medical file in the office.

If a pupil has a short-term medical condition that requires essential medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete and must be approved by the Headteacher. This form is kept securely in the office. It is understood that most medicines can be administered by parents outside of school hours.

If a child comes to the office for a medical-related reason, this is recorded on the Medical Tracker, which is an electronic tracker. The reason for their visit is recorded, what was done (for example if they used their inhaler), and what the outcome was.

Accidents are recorded in an accident book (one on each site) - in the playground First Aid kit; in wraparound care and in the office.

More serious accidents are recorded on separate forms and kept in the office.

When any medication is given to a child, details will be recorded by the office staff – name, class, medicine, dose, date, and time.

8. Ongoing Communication And Review Of Healthcare Plans

Parents are asked to update their child's Healthcare Plan:

- Termly or
- If their child has a medical emergency or
- If there have been changes to their symptoms (getting better or worse), or
- Their medication and treatments change.

Staff use opportunities such as teacher–parent interviews and home–school communication books to check that information held by the school on a pupil's condition is accurate and up to date. Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed each term.

9. Storage And Access To Healthcare Plans

A pupil's current agreed Healthcare Plan is shared with parents and then signed to record agreement. All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care. The school ensures that all staff protect pupil confidentiality.

We seek permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

10. Consent To Administer Medicines

If a pupil requires regular prescribed medication at school, parents are asked to notify the Executive Head Teacher who may give consent for staff to administer medication on a regular/daily basis, as required. This **must** be approved by the Executive Head teacher.

Parents or a designated adult should attend school to administer prescribed medicine during the day to a child unless the Head Teacher has agreed alternative arrangements, as above.

Non-prescription medicine (e.g. for pain relief) will not be administered unless in an emergency and directed by a Doctor/ Emergency response staff.

All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

11. Other Record Keeping

If a pupil refuses to have medication administered, this is also recorded, and parents are informed as soon as possible.

Records are also kept regarding training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

12. The School Environment

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting, and educational activities.

12.1 Physical environment

We are committed to providing a physical environment that is accessible to pupils with medical conditions. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

12.2 Social interactions

This school ensures the needs of pupils with medical conditions are considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school. The needs of pupils with medical conditions are considered to ensure they have full access to extended school activities such as breakfast club, school productions and after school clubs.

All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

12.3 Exercise and physical activity

We understand the importance of all pupils taking part in sports, games, and activities. We ensure all classroom teachers, PE (Physical Education) teachers and sports coaches make appropriate adjustments to sports, games, and other activities to make physical activity accessible to all pupils. However, we also ensure all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.

Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with activities. This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

This school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed. This school ensures all pupils with medical conditions are actively encouraged to take part in lunchtime clubs and sports.

12.4 Education and learning

This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's Head of Inclusion consults the pupil, parents, and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is carefully considered.

13. Common Triggers

This school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

We are committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits. School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

This school uses Healthcare Plans to identify individual pupils who are sensitive to triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, considering the needs of pupils with medical conditions.

The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

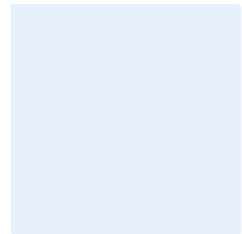


THOMSON HOUSE SCHOOL

PRIVATE & CONFIDENTIAL

Part 1 : Healthcare Plan for a Pupil with Medical Needs

Name of Pupil	
Date of Birth	
Medical Condition	
Class / Teacher	



Attach Colour Photo Above

Date	
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CONTACT INFORMATION

Family Contact 1

Family Contact 2

Name		Name	
Mobile		Mobile	
Work		Work	
Home		Home	
Responsibility		Responsibility	
<small>*See notes below</small>		<small>*See notes below</small>	

Clinic / Hospital Contact Details

Name	
Address	

Telephone Number	
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G.P. Contact Details

Name	
Address	
Telephone Number	

Describe condition and give details of pupil's individual symptoms:

--

Daily care requirements: (e.g. before sport/ at lunchtime):

--

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

--

Follow up care:

--

Person(s) responsible in an Emergency:

1. Any member of staff with First Aid training.
2. Any member of staff with Anaphylactic training

Name (Print)	
Signature Print and sign this form and return it to school.	
Date	

Part 2: CONSENT FORM

CHILD MEDICATION REQUEST

Pupil's Name :		Date of Birth	
Parent's surname if different:		Home telephone:	
Home address:			
Emergency contact - Names	1.	2.	3.
Emergency contact - Mobile	1.	2.	3.
Emergency contact - Work	1.	2.	3.
Emergency contact - Home	1.	3.	3.
Doctor's Name			
Doctor's Address & phone number			
Nature of condition or illness:			
Procedures to be taken in an emergency:			

Name of Medicine (As described on the container)	Dose & instrument for administering dose e.g.: Spacer / EpiPen / Syringe	Frequency / Times	Completion date of course of medicines if known	Expiry date of medicine

Special instructions / medicines taken at home / allergies	

I agree to members of staff administering medicines that have been supplied / or providing treatment or care to my child as directed above. (Please note parents are required to supply the school with two auto-injectors for their child).	
I agree to update information about my child's medical needs, held by the school, on a regular basis.	
I will ensure that the medicine held by the school has not exceeded its expiry date.	
I agree to the School passing on my child's health care plan to medical personnel in the event of an emergency.	
Name (Print)	
Signature Print and sign this form and return it to school.	
Date	

*** WHO HAS PARENTAL RESPONSIBILITY?**

For children born after 1st December 2003

- Both of a child's parents have parental responsibility if they are registered on the child's birth certificate. This applies irrespective of whether the parents are married or not.
- Where the child has been formally adopted, the adoptive parents are the child's legal parents and automatically acquire parental responsibility.
- Where the child has been born as a result of assisted reproduction, there are rules under the Human Fertilisation and Embryology Act 1990 that determine the child's legal parentage.
- People looking after your child like child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if you wish.

Reference: BMA Parental Responsibility, Guidance from the Ethics Department, June 2006

Form copied to (For Office Use Only):

2 copies held by school (medical box & Care Plan folder) ☐

1 copy to Parents ☐

1 copy to School Nurse ☐

Review Date



THOMSON HOUSE SCHOOL

CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL POLICY

Introduction

The Government's intention is that all children, regardless of circumstance or setting should receive a good education to enable them to shape their own futures. Therefore, if any child needs alternative provision, that provision should be on par with that of mainstream schooling, along with the support pupils need to overcome barriers to attainment. This support should meet a pupil's individual needs, including social and emotional needs, and enable them to thrive and prosper in the education system.

Thomson House School is an inclusive community that aims to support and welcome pupils with medical conditions in the same way as it welcomes others at school. The school understands that it has a responsibility to be welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future. The school aims to provide all children with the same opportunities at school. Thomson House School believes that every child deserves the best possible start in life through a high-quality education, which allows them to achieve their full potential.

A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum. As far as is reasonably possible, children with health needs who are unable to attend Thomson House School in person will receive the same quality of education as they would have experienced if they were present at the school.

Scale and Scope

Children and young people who are unable to attend school as a result of their medical needs will include those with:

- Physical health issues
- Physical injuries
- Mental health problems, including anxiety issues
- Emotional difficulties/school refusal
- Progressive conditions

- Terminal illness
- Chronic illnesses

Thomson House School will offer alternative educational provision as soon as a child is away from school for **15 days or more in any school year**, whether consecutive or cumulative.

Thomson House School will liaise with parents and appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child. THS will aim to address the needs of each child individually in arranging alternative provision.

THS understands that 'hard and fast' rules are inappropriate in most circumstances – the school will work with parents, child and external professionals to ensure that provision is age appropriate, ability appropriate, timely, flexible and engaging, considering each individual child's needs.

Responsibilities

The Executive Head Teacher is responsible for ensuring that there is a named person who is responsible for pupils who cannot attend school because of their medical needs – this is the SENDCo, Miss Katie McCombe.

The Executive Head Teacher will ensure that the child remains on the school's register and that their absence from school is recorded appropriately, if the child is receiving educational provision off-site (eg at hospital; home)

The SENDCo (Katie McCombe) will be responsible for liaising with hospital tutors, parents, and external professionals regarding the appropriate provision for each child. The SENDCo (Katie McCombe) will keep the allocated School Nurse informed of the situation. The SENDCo (Katie McCombe) will liaise with the assessment leader if the child is due to sit statutory assessments, to establish an appropriate outcome for the child (ie whether they are assessed at all; where they might be assessed; extra time etc)

The Class Teacher - will be responsible for providing appropriate (as above) class work for the child. School work will be either sent home via email or shared with the family via the school's Virtual Learning Environment. The class teacher will be responsible for the monitoring of progress of the child's learning. Depending on the child's health, class work provided will be up to (but never exceed) a similar amount of work expected to be completed by the children at school. The class teacher will also be responsible for ensuring that all communication which is sent out to parents by the school, is received by the parents of said child, including social events, clubs etc.

The class teacher will also facilitate communication between the other children in the class and the said child – whether in written form or by skype calls etc.

The Parents - will be responsible for ensuring that an appropriate amount of the schoolwork is completed if the child's mental and/or physical health does not suffer as a result.

Parents, via the medical professionals, will be expected to:

- Provide the school with confirmation of the pupil's physical issues, psychological issues or mental health difficulties and provide an estimated timescale for which the provision will be required.
- Indicate whether the pupil's absence is likely to last for more than 15 working days
- Share advice on the pupil's ability to cope with educational provision

- Share advice on the kind of arrangements that would be needed to ensure the pupil's continued access to education
- Participate in meetings which address the review arrangements to ensure that the pupil returns to school as soon as they can do so to discuss any reintegration arrangements that should be considered, e.g. a phased return with reducing input
- Indicate the treatment or support that the pupil is to receive to support their return to health and mainstream schooling

The Office Admin Team will lead on organising meetings with the parents and the allocated School Nurse - to draw together a care plan for the child, on return to school – this may include reasonable adjustments for PE, sport, swimming, lunch and start/end times of the school day.

Monitoring and Reviewing this policy

The Governors' Education Committee will review this policy every two years.

This committee will also regularly check compliance with the policy.

Agreed by: Education Committee

Date: June 2023

Review Cycle: Every two years

Review Date: June 2025