

A nurturing, inclusive, learning community that enables everyone to be their best



CALTON
PRIMARY SCHOOL



CALTON
PLAYGROUP

CALTON PRIMARY SCHOOL AND PLAYGROUP **Medical, Health and Wellbeing Policy**

**Approved by Curriculum, Performance and Progress
Committee: 15th April 2024**

Next renewal date: Term 5 2025

Linked Policies
Attendance Policy
Educational Visits Policy
RSE and PHSE Policy
Child Protection and Safeguarding Policy

Note – the 'school or we' references both Calton Primary and Calton Playgroup

Introduction

We have a responsibility for the care, welfare and safety of all our children whilst they are at school. We recognise that parents have the prime responsibility for their child's health and that it is their responsibility to provide school with information about their child's medical and health conditions. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information about specific conditions.

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with health, medical and wellbeing conditions
- Pupils with medical/health needs are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority
- This policy reflects the requirements of the Education Act 1996 and DfE Statutory Guidance (2013)

The Governing Board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with health, medical and wellbeing conditions
- Developing and monitoring Health Care plans (HCPs) where appropriate

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Health Care Plans (HCPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Equal opportunities

The school is clear about the need to actively support pupils with health, medical or wellbeing conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments, where appropriate will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with health, medical or wellbeing condition are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted if appropriate.

Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). Any pupil with a HCPs will clearly set out what constitutes an emergency and will explain what to do. See Fire Safety Policy for more information regarding responses to fire emergencies.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Managing Prescription Medicines:

Procedures for managing prescription medicines and first aid kits which need to be taken during the school day, including school trips/outings/residentials

- A clear statement on the roles and responsibilities of staff managing and or administering medicines, first aid and or additional care provision
- A clear statement on parental responsibilities in respect of their child's medical, health and well-being needs
- The need for prior written agreement from parents for any medicines to be given to a child
- The circumstances in which children may take any non-prescription medicines
- A policy on assisting children with long-term or complex medical needs
- Procedures for the safe storage of all medicines and first aid equipment
- Access to the school's emergency procedures
- Details of record keeping
- Fully trained staff
- Risk assessment/additional care plans (if needed)
- Educate children around being safe
- Keep parents up to date on medical needs which may affect the Wellbeing of their child. [See infectious control in schools](#)

Helpful advice for parents about attending medical appointments

We try and encourage parents to book medical appointments outside of school hours. If a medical appointment is made during school time parents must:

- Provide an appointment letter
- And/or share a copy of the appointment text message

Any other circumstances for removing your child early from school must be prearranged and authorised by the Head Teacher. With reference to children who attend the playgroup setting, parents must inform the Playgroup manager of any appointments

Training:

All staff will be suitable trained for all areas of medical and health conditions. Where staff are specifically responsible for supporting pupils with medical needs, they will receive suitable and sufficient training to do so.

Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the SENDCo and Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements of an HCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Insurance requirements - Liability and indemnity

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Life-saving medication and invasive treatments
- These include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy)

Administering Medicine:

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

However, where staff are willing, they will follow the following guidelines:

- No child will be given medicines without their parent's consent. However, we may administer first aid by trained adults in the first instance if the child is deemed unwell and or has an injury to: preserve life, limit worsening of a condition and promote recovery.

Any trained member of staff giving medicines and or first aid will check:

- Child's name
- Allergies
- Prescribed dose
- Written instruction provided by the prescriber on the label
- Record first aid incident using accident book
- Follow procedure as per appropriate care plan
- Parents should provide full information about their child's medical and health needs, including details of medicines their child needs
- Medicines should only be brought to school when essential; that is where it should be detrimental to a child's health if not administered during the school day. School will only accept medicines that have been prescribed by a doctor, dentist and or nurse prescriber or pharmacist. In many cases it is possible for children's GPs to prescribe medication that can be taken at home in the morning and evening. However, a child under 16 years of age should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor
- As part of our 'loco parentis' we may also administer mild analgesics such as Calpol. Over the counter medicines such as throat sweets, lip balms and vapour rubs will be as prescribed medicines and administered only after parents have completed the Administration of Medications form
- Medicines and first aid should always be provided in the original container as dispensed and include the instruction for administration. Prescription medicines must have child's name and date of birth on packaging, and be in date.

- School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parental instructions. This is the case for administering medicines for long-term medical conditions
- If in doubt about any procedure, staff will not administer the medicine and or first aid but check with the parents or a health professional before taking further action. If staff have any other concerns relating to administering medicines and or first aid to a child; the issue to be discussed with the parent, if appropriate, or with a health professional attached to the school or the child's Health Care Plan. We will arrange for trained staff to keep records of all incidents. Good records help demonstrate that staff have exercised a duty of care.
- Any medicine that has been administered will be recorded on our internal logging system with the amount, by whom and when. With regards Playgroup, we will also inform parents at the end of the session that the medicine has been administered
- If a child refuses to take medicines, staff will not force them to do so
- Parents will be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, we will use our emergency procedures
- All medication in both settings goes home at the end of each term for parents/carers to check dosage, whether in date and clean the asthma chamber used for administering asthmatic medication.

Helpful advice for parents about prescribed medicine:

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. It is appropriate that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. As a school we follow the [Medicines Standard of the National Service Framework \(NSF\) for children](#)

Educational visits/school trips:

We will encourage children with medical needs to participate in safely managed visits. If needed, we will do a risk assessment to consider reasonable adjustments that might enable children with medical conditions to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also be taken into consideration. Staff supervising excursions will always be aware of any medical needs, and relevant emergency procedures. A copy of any Care Plans will be taken on visits in the event of the information being needed in an emergency. There will always be a trained member of staff who is able to administer medicines and or first aider on a visit. First aid kits will be taken on all school visits.

Medication taken on school trips/visits will be kept with the assigned member of staff of the child with full instructions of administration and procedures to be taken. On return to school these will be transferred to the school records.

Medication taken on school trips/visits will be kept with the assigned member of staff of the child with full instructions of administration and procedures to be taken. On return to school these will be transferred to the school records.

Travel sickness medication is administered in the same way as other medication at School - parents should fill in a form; medication should be in the original packaging; the adult administering will make a record of the administration.

If a child requires emergency first aid and taken to hospital all medication will accompany them along with details of their condition. Parent/carers will be informed immediately, if staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they will seek parental views and medical advice

from the school health service or the child's GP. See DfE guidance on planning educational visits.

Sporting Activities and Physical Education (P.E):

Most children with medical needs can participate in PE and extra-curricular activities. For many, PE activity can benefit their overall social, mental, and physical wellbeing. Any instruction on a child's ability to participate in PE will be recorded in their individual health care plan if appropriate. All adults will be aware of issues of privacy and dignity for children with particular needs. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. All necessary medicines will be at hand during all PE activity. All staff supervising PE and or sporting activities will consider whether risk assessments are necessary for some children; be aware of medical conditions and any preventative medicine that they may need to be taken and emergency procedures.

Reporting of 'notifiable diseases':

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to UKHSA
- When we become aware, or are formally informed of the notifiable disease, our manager informs our local Health Protection Team (HTP), which is:

2 Rivergate, Temple Quay,
Bristol,
BS1 6EH
0300 303 8162 option 1, then option 1

HIV/AIDS/Hepatitis procedure:

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

We:

- Wear single-use vinyl gloves when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit
- Bag soiled clothing for parents to take home for cleaning
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant, any cloths used are disposed of with the clinical waste?

Procedures for children with allergies:

- When children start at the setting, we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form
- If a child has an allergy, we to detail the following on our internal system as appropriate:
- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc)
- The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc)
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen)
- Control measures - such as how the child can be prevented from contact with the allergen
- Review measures

- This risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it
- Generally, no nuts or nut products are used within the setting
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

We must have:

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered
- written consent from the parent or guardian allowing our staff to administer medication; and
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse
- Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.
- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP
- The key person/manager must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians
- If we are unsure about any aspect, we contact the local authority for advice

Short term medical needs:

- Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow staff to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.
- Parents may be asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to adhere the attendance policy regarding sickness and absence
- After diarrhoea, we ask parents to adhere the attendance policy regarding sickness and absence
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources>

Long term medical needs as per NHS choices website: asthma, diabetes, epilepsy, coeliac allergies.:

This list is not exhaustive and all information for allergies can be found on the NHS choices website.

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experience and the way they function in school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family. [The Special Educational Needs \(SEN\) Code of Practice](#) advises that a medical diagnosis or a disability does not necessarily imply SEND. It is the child's educational needs rather than a medical diagnosis that must be considered.

We will need to know about any particular needs before a child is admitted. It will be the parent's responsibility to complete the relevant sections on the admission form, prior to their child starting school. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. In these cases, Care Plans (intimate care, pastoral care) would be written involving the parents and relevant health professionals. This can include:

- Details of a child's condition
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency who to contact in an emergency
- The role school staff play

Oral medication:

Asthma inhalers are now regarded as 'oral medication' by insurers. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them which must be provided with the inhaler and a written consent form filled in.

- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child
- For some medical conditions, key staff/Manager will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff/Manager form part of the risk assessment

The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs

The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP, if necessary, where there are concerns

- An individual health plan for the child is drawn up with the parent; outlining the key person's/manager's role and what information must be shared with other adults who care for the child
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently if necessary.
- This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc
- Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.
- Medicines such as Calpol will be administered on a case-by-case basis at the school. These must be in its original labelled container.
Parents are requested to complete the appropriate medicine form for administration.

Controlled drugs:

The definition of drugs used in this policy is based on the government publications drugs advice for schools. We will keep controlled drugs in a locked non-portable cupboard and only trained staff will have access. A record will be kept. A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (returning the unwanted supply to the local pharmacy). We will NOT use any controlled drug for use with another child. We will use the PHSE 'Jigsaw' curriculum to support the drug education teaching programme. This scheme is age-appropriate for each key stage.

Unauthorised drugs:

Unauthorised drugs should not be on school premises. All situations involving unauthorised drugs will be investigated fully, although Child Protection procedures always take precedence. We will follow advice for schools using the DFE drugs guidance where appropriate. The needs of the child always come first. Parents/carers will be involved at an early stage and throughout any investigation. Support agencies will be involved if appropriate. Support for pupils will be maintained and counselling arranged if appropriate.

Storing medicines and First aid equipment:

Large volumes of medicines will not be stored. We will only store, supervise and administer medicines that have been prescribed and appropriate parental consent given. Medicines will be stored strictly in accordance with product instructions (e.g. temperature) and in the original container in which dispensed. Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container. The head teacher is responsible for making sure that medicines are stored safely.

All designated first aiders (trained in paediatric first aid) will ensure the maintenance of the contents of the first aid stations: plasters, non-adhesive dressings, micro tape, scissors, ice packs, triangular bandages, wound bandages in various sizes, gloves, a blanket and accident book. It is the responsibility of the designated first aiders to keep these maintained.

EpiPens:

As a school we may need to administer an adrenaline auto-injector in an emergency only to a pupil at risk of anaphylaxis, where written parental consent has been given. These emergency pens will be kept securely in the school staffroom, clearly labelled with a copy of staff that hold anaphylaxis training. Guidance has been taken from the DFE website: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Inhalers:

As a school we hold emergency reliever inhalers to use in the event of a potentially life-threatening asthma attack, which can be used when the pupil's own inhaler is not available e.g. out of date, not in school. These will only be used where written parental consent has been given.

These inhalers will be kept securely in the school staffroom, clearly labelled with a copy of staff that hold Paediatric training. Guidance has been taken from the DFE website. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

First aid procedures:

- Any pupil who has been injured is sent to the first aider on duty for the first aider to assess and where appropriate, treat. All first aiders are paediatric first aid trained.
- Fully stocked First Aid Kits are kept about the school for easy access.
- A named person in the setting is responsible to order supplies for first aid boxes/bags and to regularly check the main store.
- If a child is deemed unwell, the parent will be contacted to collect and take home/or take them to their own GP or A&E.
- Head injuries: A sticker is given to the child with date of head injury and a text home is made. It may be appropriate for the parent to collect the child and take to hospital for a check dependant on the severity of the head injury.

All incidents, injuries, head injuries, ailments and treatment are reported in our accident book. All head bumps are logged on our internal logging system and a text is sent. At Playgroup, parents are requested to sign on receipt of the reported accident/injury. Parents are contacted by phone.

- If an injury is deemed serious and an ambulance is called. The parent/carer of
- the child will be called immediately and informed of the procedures being taken. Information about the child will be taken from the consent form which was filled in upon registration of the child held at the school

The office or Playgroup Manager (if at Playgroup) will contact parents if they have any concerns about an injury.

- Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers. A list of staff and volunteers who have current PFA (Paediatric First Aid) certificates is held by the School Business Manager.

HEALTH

Intimate Care - read in conjunction with Safeguarding and Child Protection Policy:

Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent and the child. No child would be excluded from participating in our setting who may for any reason not yet be toilet trained and who may still be wearing nappies or equivalent. In school this may occur on a regular basis or during a one-off incident. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a trained member of staff should undertake the procedure. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes them distress or pain. Each child's right to privacy will be respected.

- We have a list of children in our care who are in nappies or 'pull-ups'; and change nappies according to their need, or more frequently where necessary
Intimate care plans will be written in consultation with parents where necessary
We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree
- All staff undertake may undertake changing children when training has been provided
- Where possible, young children are changed within sight of other staff whilst always maintaining their dignity and privacy
- Each child has their own backpack to hand with their nappies or pull ups, nappy sacks, changing wipes and a change of clothes
- All playgroup staff are familiar with the hygiene procedures and carry these out when changing nappies
- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'
- We do not make inappropriate comments about children's genitals when changing their nappies
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children
- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet
- We encourage children to wash their hands
- Older children access the toilet when they have the need to and are encouraged to be independent
- Ordinary pants that have been wet or soiled are bagged for parents to take home
- We have a 'duty of care' towards children's' personal needs. If children are left in

- wet or soiled nappies/pull ups/pants in the school this may constitute neglect [and will be a disciplinary matter]. Parents have a role to play if their child is still wearing nappies. It is the parent's responsibility to provide nappies, disposal bags, wipes, etc. If a child requires changing and no nappy and equipment has been provided, the parent will be called and asked to bring in the necessary equipment. At all times, staff should wear gloves when changing nappies.

Intimate care arrangements will be discussed with parents on a regular basis. If intimate care is needed long term, then an appropriate Intimate Care Plan will be written and reviewed with the parent. The needs and wishes of children and parents will be taken into consideration wherever possible within the constraints of staffing and equal opportunities legislation.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises etc. they will follow the Safeguarding and Child Protection Policy.

FOOD:

Proper nutrition is essential for good health and effective learning. As a school setting, we will:

- Work in partnership with catering staff to ensure that meals are healthy
- Educate children about healthy eating - The eat well guide
- Promote healthy alternatives
- Encourage children to drink plenty of water throughout the school day
- Support parents of what constitutes healthy feed – healthy lunch box

Children should bring to school a healthy snack for breaktime. Healthy snacks are foods which are low in fat and sugars e.g. fruit, vegetables, yogurt, oat cakes, rice cakes, cheese. We are a NUT FREE school; this means NO foods that contain nuts or nut traces should come into school.

Playgroup children are provided with healthy, balanced snacks for a small voluntary contribution. Parents who do not wish to make this contribution should provide their child with healthy snacks as above.

Healthy lunch box:

We promote healthy food choices and life styles and we encourage packed lunches to reflect too. This includes choosing healthy options and be mindful of portion size. A healthy lunch box may include:

- A small sandwich, wrap or roll (ideally on whole meal bread, filled with: Protein (cheese or ham) or a pasta salad
- A protein snack (yogurt/cheese slices)
- Two portions of fruit or vegetables.
- An additional sweet or savoury snack
- A drink (water or sugar free squash)
- Please refrain from sending children with chocolate bars, sweets and fizzy sugary drinks. We are a NUT FREE school, so please NO foods that contain nuts or nut traces e.g. Nutella chocolate spread or similar varieties.

WELLBEING:

Sun protection:

We want staff and pupils to enjoy the sun safely. As a setting the following measures are in place:

Education:

- We will discuss with children how to stay safe in the sun
- Parents will be sent reminders about sun protection as necessary

Protection:

- Parents will be encouraged to send their child to school in suitable sun hats
- Parents will be encouraged to apply 8-hour sunscreen before school starts
- Parents will be encouraged to send their child in with sun screen to apply themselves however, if parents are unable to, we ask that parents give permission, to use a school sun cream. This is to be applied by the child under supervision of a member of staff
- We will provide appropriate sun canopies during sports day
- We will try to ensure that children are not exposed to sun (strong UV) during lunchtimes and afternoon PE sessions for more than 20 minutes without shade breaks
- At Calton Playgroup, sun cream is only applied to children attending a full day by an adult at lunchtime. Permission will be sought from parents for staff to administer school purchased sun cream

Head lice:

More guidance on head lice can be found on the Gov.uk website. Head lice are parasitic insects and only live on the heads of people. There are 3 forms of head lice: **nits, nymphs and adults.**

Head lice move from one person to another by head-to-head (hair-to-hair) contact. They cannot jump. Head lice lay eggs which hatch after 7-10 days. It takes about 10 days for a recently hatched louse to grow into an adult and start to lay eggs.

As a school we will notify parents of active head lice infestations in their child's year group, referring to this policy and links to Gov.uk for treatment and prevention.

Parents are responsible for:

- knowing head lice signs and systems
- routinely checking their child's head for head lice
- telling school that their child has head lice
- ensuring that full, proper treatment has been completed before returning to school.

Having head lice is not a reason for school absence as treatment can be administered quickly. However, should head lice be noticed, our family support worker will speak with the parent. In exceptional cases we may ask the parent to eradicate the infestation before their child returns to the school setting. A member of school staff will discuss what is being done to eradicate the head lice and if necessary, will make a referral to the school nurse.

Children with Health Care needs who cannot attend school

We aim to ensure that all children, regardless of circumstance or setting receive a good education to enable them to shape their own futures. Where children are unable to attend school because of their health, we will follow Department of Education Guidance and work with Gloucestershire County Council who have the responsibility to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream school because of their health.

The Local Authority is responsible for arranging suitable full-time education for children who – because of illness or other reasons – would not receive suitable education without such provision. There will however, be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the Local Authority, for example, where the child can still attend school with some support. Where the school has made arrangements to deliver suitable education outside of school for the child; or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school, we would not expect the Local Authority to become involved in such arrangements unless it had reason to think

that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health. This might be the case where, for example, the child can attend school but only intermittently.

If the school makes arrangements:

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

This will involve:

- Initial contact being made by the Inclusion lead/attendance officer to establish the child's individual medical need and potential barriers to attending school
- Arrangements being agreed and established e.g. sending work home (including the provision of virtual/online learning through school's identified learning programmes), education offsite (including through hospital schools) or additional adult support within school (in line with a health care plan as appropriate)
- On-going discussions between families, school and health providers to monitor agreed arrangements and identify when/ how pupils can be reintegrated back into school (where appropriate).
- Liaising with the SENDCo for pupils whom also have Special Educational Needs (SEN).

If the local authority makes arrangements:

If we can't make suitable arrangements, Gloucestershire Local Authority will become responsible for arranging suitable education for these children.

Where a pupil has medical needs that prevent them from attending School, Hospital Education Service will be involved and will make contact with the school

In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully

When reintegration is anticipated, work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from the school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

Supporting Children with Medical conditions:

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

Pupils:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their HPs. They are also expected to comply with their HPs if appropriate

School nurses and other healthcare professionals:

In normal circumstances the school nursing service and other healthcare professionals should notify the school when a pupil has been identified as having a medical condition that will require support in school. This ideally will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

Being notified that a child has a medical condition:

When we are notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires a HP.

We will make every effort to ensure that arrangements are put into place within 3 weeks, or by the beginning of the relevant term for pupils who are new to our school. See Flow chart below

Health care plans:

The Headteacher has overall responsibility for the development of HPs for pupils with medical conditions. This has been delegated to the SENDCo.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require a HP. It will be agreed with a healthcare professional and the parents when a HP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

HPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the HP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and SENDCo, will consider the following when deciding what information to record on HPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable?
- Who in the school needs to be aware of the pupil's condition and the support required?
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Pupils managing their own needs:

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their HPs

Record keeping:

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school. HPs are kept in a readily accessible place which all staff are aware of.

Complaints:

Parents with a complaint about their child's health or medical condition should discuss these directly with the SENDCo in the first instance. If the SENDCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

Monitoring arrangements

This policy will be reviewed by the SENDCo and approved by the governing board each year.

Flow Chart: Being notified a child has a medical condition

