St Christopher's
THE HALL SCHOOL

PART OF
ST DUNSTAN'S EDUCATION GROUP

SUPPORTING PUPILS WITH MEDICAL AND DIETARY NEEDS POLICY

Policy owner	Chief Operating Officer
ISSR reference	
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Approved by	Part A: Group Board; Part B: Head and School Leadership Team, with assurance through the Local School Board
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Version Control Information

Reason for Amendment	Role	Date	Main Changes	Reason for Amendment

PART A

GROUP POLICY

1. Aims

St Dunstan's Education Group is committed to ensuring that pupils with medical and dietary needs are safe, supported and able to participate fully in school life.

This policy provides the overarching Group framework for supporting medical and dietary needs. Certain conditions or risk areas are also governed by more detailed specialist policies and procedures. In particular, allergy prevention, preparedness and emergency response are addressed in the SDEG Allergy Safety Policy. Where this policy and a specialist policy address the same matter, they shall be read together, with the specialist policy providing the more detailed requirements for that condition or risk area.

The Group aims to:

- support pupils with medical and dietary needs effectively and consistently;
- safeguard pupils' health, wellbeing and dignity;
- enable participation in all aspects of school life wherever reasonably possible;
- identify needs at the earliest opportunity;
- work in partnership with parents, carers and healthcare professionals;
- promote increasing independence where appropriate;
- ensure staff have appropriate information, training and support;
- make reasonable adjustments where appropriate.
- The welfare of the pupil shall remain central to decision-making.

2. Legislative and regulatory framework

This policy has regard to:

- Section 100 of the Children and Families Act 2014;
- Equality Act 2010;
- SEND Code of Practice;
- Supporting Pupils with Medical Conditions at School;
- Early Years Foundation Stage Framework;
- Food Information Regulations;
- Independent School Standards;
- relevant DfE, DHSC and NHS guidance.

This policy should be read alongside:

- Allergy Safety Policy;
- Safeguarding and Child Protection Policy;
- Health and Safety Policy;
- First Aid Policy;
- Educational Visits Policy;
- SEND Policy;
- Accessibility Plan;

- Equality, Equity, Diversity and Inclusion Policy;
- Food and Nutrition Policy;
- Complaints Policy.

3. Definitions

Medical Need
Any physical or mental health condition, illness, disability or medical requirement that may affect a pupil's ability to access education safely.

Dietary Need
Any dietary requirement arising from allergy, intolerance, medical condition, disability, cultural practice, religious observance or ethical belief.

Individual Healthcare Plan (IHCP)
A documented plan setting out the arrangements required to support a pupil's medical needs.

Reasonable Adjustment
A change to provision, practice or environment designed to reduce disadvantage experienced by a pupil.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical 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 will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Inclusion and Reasonable Adjustments

The Group is committed to an inclusive environment in which pupils with medical and dietary needs can thrive.

- Reasonable adjustments may include:
- adaptations to teaching;
- examination arrangements;
- catering arrangements;
- environmental adjustments;
- access to medication;
- additional supervision;

- educational visit adjustments;
- sporting participation arrangements.

The Group recognises that pupils with the same diagnosis may require different arrangements.

The Group will use its best endeavours to support pupils with medical and dietary needs and facilitate participation in all aspects of school life wherever reasonably possible.

5. Participation and Decision-Making

The Group starts from a presumption that pupils with medical and dietary needs will participate fully in school life.

When considering participation, schools will:
- consider individual circumstances;
- consult parents and carers;
- seek medical advice where appropriate;
- involve the pupil where appropriate;
- consider reasonable adjustments;
- assess foreseeable risks;
- balance benefits and safety considerations;
- record significant decisions.

Restrictions will only be imposed where there is a clear and evidenced safety rationale. No pupil shall be excluded solely because of a medical or dietary need where reasonable adjustments can enable participation.

Pupils should not be disadvantaged solely because attendance, participation or educational provision is affected by a medical condition.

6. Partnership with Parents and Carers

The Group recognises parents and carers as essential partners.

The Group will:
- involve parents in planning support;
- communicate clearly;
- review arrangements regularly;
- seek parental views when making significant decisions.
- Parents and carers are expected to:
- provide accurate information;
- notify schools of changes promptly;
- provide medication and equipment where required;
- ensure medication remains in date;
- participate in reviews where appropriate.

7. Voice of the Pupil and Independence

Pupils are often best placed to explain the impact of their condition.

Pupils should be involved, where appropriate, in decisions regarding:

- healthcare plans;
- support arrangements;
- participation in activities;
- transition arrangements.

The Group encourages pupils, where developmentally appropriate and medically safe, to develop increasing independence in managing their medical needs.

8. Confidentiality and Information Sharing

Information regarding medical and dietary needs will be shared on a need-to-know basis. The Group will seek to respect pupil confidentiality while recognising that information may need to be shared where this is necessary:

- to safeguard the pupil;
- to protect others;
- to deliver appropriate support;
- to comply with legal obligations.

9. Roles and Responsibilities

Group Board is responsible for:

- approving Part A of this policy;
- ensuring adequate resources;
- receiving assurance;
- holding the CEO accountable.

The Local School Board is responsible for:

- receiving local assurance;
- reviewing significant issues;
- supporting and challenging school leadership.

CEO

- ensures implementation across the Group;
- securing appropriate resources;
- receives reports regarding significant incidents.

COO

- Maintains Part A of this policy;
- Monitors compliance;
- Reports to the Group Board.

Heads of School and Group Head of Nurseries

- implement this policy within their setting, making sure all staff are aware of this policy;
- approve and maintain Part B;
- make sure that there is enough trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations
- ensure pupils receive appropriate support.

Medical Leads

- coordinate medical support arrangements;
- maintain records;
- develop and review IHCPs;
- arranging appropriate and relevant training;
- liaise with healthcare professionals.
- make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Educational Visits Coordinators

- ensure educational visits properly consider medical and dietary needs.
- approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 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.

- following plans and procedures;
- promoting inclusion;
- responding appropriately in emergencies;
- seeking advice when required.

Parents and Carers

- provide up to date and accurate information about their child's medical needs;
- provide medication and equipment with appropriate prescription and written permission for this to be administered by staff;
- are involved in the development and review of their child's IHCP
- maintain emergency contacts

Pupils

- engage with agreed support arrangements;
- develop independence where appropriate.

10. Identification and Assessment

Schools shall seek to identify medical and dietary needs as early as possible.
Information may be obtained through:

- admissions processes;
- parental disclosure;
- medical reports;
- healthcare professionals;
- staff observations;
- pupil disclosure.
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Support should not normally be delayed solely because a formal diagnosis has not yet been obtained.

Interim arrangements may be implemented where needs are reasonably apparent.

11. Individual Healthcare Plans (IHCPs)

The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions.

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents/carers when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the school Nurse will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers 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.

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

An IHCP should be developed where structured support is required. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed

An IHCP may include:

- the medical condition, diagnosis; triggers, signs, symptoms and treatments
- medication arrangements;
- dietary requirements;
- emergency procedures;
- educational implications;
- visit arrangements;
- staff responsibilities;
- 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;

- what to do in an emergency, including who to contact and contingency arrangements.

The individual with responsibility for developing IHCPs, will consider the following when deciding what information to record on IHCPs:

- 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, 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/carers 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/carer or 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

IHCPs should:

- be developed with parents;
- involve healthcare professionals where appropriate;
- involve pupils where appropriate;
- be reviewed at least annually;
- be reviewed sooner where circumstances change.

12. Managing Medicines

Medication will only be administered where appropriate and necessary. Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so, and
- Where we have parents/carers' written consent

Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible. The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Medication supplied by parents should normally:

- be in original packaging;
- be clearly labelled;
- contain dosage instructions;
- be within expiry dates.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

Except in an emergency or where otherwise permitted by law, medication will only be administered with appropriate parental consent

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

Schools shall maintain records of medication administered.

Emergency medication must remain accessible at all times.

Controlled drugs
Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. A record of doses used and the amount held will be held on the school system.

Self-management
Where appropriate and agreed with parents and carers, pupils may carry and administer their own medication.

Schools should consider:

- the pupil's age and maturity;
- the nature of the condition;

- clinical advice where relevant; and
- any monitoring arrangements required.

Access to emergency medication should not be unnecessarily restricted.

If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring in their IHCP.

13. Supporting Specific Medical Conditions and Specialist Needs

The Group will maintain appropriate arrangements for pupils with conditions including:
- asthma;
- diabetes;
- epilepsy;
- allergies and anaphylaxis;
- coeliac disease;
- gastrointestinal conditions;
- neurological conditions;
- long-term health conditions;
- physical disabilities.

Condition-specific policies, healthcare plans or operational procedures shall be maintained where required. These shall supplement this overarching policy and set out any additional prevention, treatment, training, medication or emergency-response requirements.

14. Supporting Dietary Needs

Dietary needs may arise from:
- allergies;
- intolerances;
- medical conditions;
- disability;
- religious observance;
- cultural practice;
- ethical preferences.

The Group will work with catering providers to support pupils safely and inclusively. Where a dietary need arises from allergy, arrangements shall also comply with the SDEG Allergy Safety Policy.

15. Allergies and Anaphylaxis

The Group recognises that allergies and anaphylaxis require specific prevention, preparedness and emergency-response arrangements.

Allergy support shall be provided in accordance with the SDEG Allergy Safety Policy.

Where a pupil has an allergy requiring active management, an IHCP and associated clinical Allergy Action Plan shall be maintained as appropriate.

16. Adrenaline Auto-Injectors

Schools shall maintain appropriate arrangements for prescribed and spare adrenaline auto-injectors in accordance with the SDEG Allergy Safety Policy.

17. Educational Visits

Pupils with medical and dietary needs should be enabled to participate in educational visits wherever reasonably possible.

Planning must consider:

- medication;
- dietary requirements;
- emergency arrangements;
- supervision;
- staff competence;
- access to medical support.

18. Sport and Physical Activity

The Group encourages participation in sport and physical activity.
Reasonable adjustments should be considered where appropriate.
Staff should support participation wherever safe to do so.

19. Co-Curricular Activities and Examinations

Medical and dietary needs shall be considered when planning:

- clubs;
- performances;
- competitions;
- examinations;
- assessments;
- residential activities.

20. Early Years and Nursery Provision

Schools shall comply with EYFS requirements.

Provision shall include:

- paediatric first aid arrangements;
- allergy management in accordance with the Allergy Safety Policy;
- medication management;
- close parental communication;
- appropriate supervision.

21. Reintegration and Transition

Where a pupil returns following hospitalisation, prolonged illness, significant medical absence or a change in medical circumstances, the school should review existing arrangements and implement a reintegration plan where appropriate.

Appropriate information shall be shared with receiving schools and settings to support successful transition.

22. Emergency Medical Treatment

In an emergency, staff will act in accordance with the First Aid Policy and any applicable condition-specific plan or policy.

Where immediate decisions are required and parents cannot be contacted, staff may seek emergency medical treatment in the best interests of the pupil.

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.

23. Training

Schools shall ensure that staff responsible for supporting pupils with medical needs receive appropriate training and guidance.

Training arrangements should:

- be informed by the needs identified within Individual Healthcare Plans;
- be reviewed periodically;
- be delivered by appropriately qualified persons where specialist knowledge is required;
- ensure staff are confident and competent before undertaking medical responsibilities; and
- include emergency response arrangements where relevant.

All staff should receive appropriate awareness training so that they understand their role in supporting pupils with medical needs and can respond appropriately in an emergency.

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 that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Additional training may include:

- allergy awareness and anaphylaxis response under the Allergy Safety Policy;
- asthma awareness;
- diabetes awareness;

- epilepsy awareness;
- medication administration;
- condition-specific support.

Training records shall be maintained.

24. Record Keeping

Appropriate records shall be maintained regarding:

- medical conditions;
- dietary needs;
- healthcare plans;
- medication administration;
- training;
- parental consents.

Records shall be retained and handled in accordance with the school's data protection obligations and record retention requirements.

25. Complaints

Concerns should initially be raised with the relevant school.

Unresolved concerns shall be managed under the Complaints Policy.

26. Unacceptable Practice

Schools should avoid practices that may disadvantage pupils with medical conditions, including:

- preventing reasonable access to medication;
- excluding pupils unnecessarily from educational activities;
- disregarding professional medical advice without justification;
- penalising attendance linked to a medical condition;
- administering, or asking pupils to administer, medicine in school toilets;
- ignoring the views of pupils or their parents/carers;
- placing unreasonable responsibility on parents or carers to attend school to provide routine support; and
- creating avoidable barriers to participation in educational visits, sport or other aspects of school life, including access to the toilet/food/drink, where necessary to their medical condition.

The needs of each pupil shall be considered individually.

27. Monitoring and Review

Implementation will be monitored through:

- audit activity;
- incident review;
- training review;
- complaints review;
- parental feedback;
- pupil feedback;
- Local School Board assurance;
- Group Board assurance.

Part A shall be reviewed annually by the COO. Part B shall be reviewed annually by the Head or Group Head of Nurseries and sooner following a significant incident, change in guidance or material operational change.

PART B

St Christopher's The Hall

27.1 Local Medical Leadership Arrangements

The Head of St Christopher's the Hall School

The Head of St Christopher's The Hall School has overall responsibility for ensuring that the arrangements for supporting children with medical conditions, allergies and dietary requirements are suitable for the school and are fully implemented.

The Head is responsible for:

- Ensuring that appropriate arrangements are in place to support pupils with medical conditions, allergies and dietary requirements.
- Ensuring that the school has suitable and sufficient first aid and medical arrangements.
- Ensuring that staff are aware of their roles and responsibilities in relation to pupils with medical and dietary needs.
- Ensuring that appropriate staff receive suitable training and understand the procedures they are expected to follow.
- Ensuring that Individual Healthcare Plans and relevant risk assessments are reviewed where necessary.
- Ensuring that appropriate arrangements are in place for emergency situations, including severe allergic reactions, asthma, diabetes and other significant medical conditions.
- Ensuring that appropriate arrangements are in place for school trips, activities, sports and other situations where a pupil's medical needs may require additional consideration.
- Ensuring that appropriate accident, incident and near-miss reporting procedures are followed.
- Ensuring that significant medical incidents and emerging trends are appropriately reviewed and where necessary, reported through the school's health and safety arrangements.
- Ensuring that appropriate arrangements are in place with the school's catering provider to manage allergies and dietary requirements safely.

First Aid Coordinator

First Aid Coordinator is responsible for coordinating the day-to-day management of pupils' medical needs and supporting the implementation of this policy.

The First Aid Coordinator is responsible for:

- Maintaining an up-to-date record of pupils with significant medical conditions, allergies and dietary requirements.
- Coordinating the development and review of Individual Healthcare Plans (IHCPs) where required.

- Liaising with parents/carers to obtain relevant medical information and supporting documentation.
- Ensuring that relevant staff are made aware of a child's medical needs on a need-to-know basis.
- Coordinating the administration of prescribed and approved over-the-counter medication in accordance with school procedures.
- Ensuring medication is stored securely, appropriately labelled and accessible when required.
- Monitoring medication expiry dates and arranging replacement medication where necessary.
- Coordinating appropriate medical training for staff, including training relating to specific child needs.
- Maintaining records of staff training and ensuring refresher training is arranged where required.
- Ensuring that first aid kits, emergency medication and relevant medical equipment are checked regularly and replenished when necessary.
- Ensuring that appropriate arrangements are in place for children with medical needs when attending trips, residential visits, sporting events and off-site activities.
- Liaising with parents/carers and relevant medical professionals where additional information or advice is required.
- Liaising with the DSL, SENDCo, pastoral team and relevant teaching staff where a child's medical needs may affect their wellbeing, attendance, learning or participation.
- Supporting staff in responding appropriately to medical incidents.
- Recording and reviewing significant medical incidents and identifying any emerging concerns or trends.
- Ensuring that appropriate information is communicated to the catering provider where a child has an allergy or dietary requirement.
- Reviewing medical arrangements following an incident, where appropriate, and making recommendations for any necessary changes.

Deputy First Aid Coordinator Cover

The school will identify an appropriate Deputy First Aid Coordinator / nominated member of staff to provide cover when the First Aid Coordinator is absent.

The Deputy will:

- Maintain access to relevant medical information and records.
- Ensure that urgent medical needs and medication requirements continue to be managed.
- Support staff with medical queries and incidents.
- Liaise with parents/carers where required.
- Ensure that emergency medication and essential medical equipment remain available.
- Escalate significant concerns to the Head or appropriate member of SLT.
- Ensure that any important information arising during the First Aid Coordinators absence is communicated promptly on their return.
- Administer medications.

The school will ensure that there is appropriate medical cover during the school day and that arrangements are in place for known medical needs during staff absence, trips and other activities.

First Aiders
First aiders are trained and qualified to undertake their role and are responsible for providing appropriate immediate first aid within the scope of their training.

First aiders are responsible for:

- Acting as first responders to incidents involving injury or sudden illness.
- Assessing the situation and providing appropriate immediate treatment.
- Calling for an ambulance or professional medical assistance where appropriate.
- Following the school's first aid and emergency procedures.
- Informing the First Aid Coordinator of significant incidents.
- Ensuring parents/carers are contacted where required.
- Recording accidents and first aid treatment in accordance with school procedures.
- Using appropriate infection-control precautions, including disposable gloves when dealing with bodily fluids.
- Reporting any gaps in first aid supplies or equipment.
- Ensuring their first aid qualification remains current and attending refresher training as required.

First aider details will be displayed appropriately around the school and maintained by the First Aid Coordinator.

The Designated Safeguarding Lead (DSL) has responsibility for ensuring that medical needs are appropriately considered where there is a safeguarding or welfare concern.

The DSL will:

- Be informed where a medical condition, allergy, dietary need or pattern of medical incidents raises a safeguarding concern.
- Ensure that concerns about neglect, failure to provide prescribed medication or other issues affecting a child's health and welfare are appropriately addressed.
- Work with the First Aid Coordinator, pastoral team, SENDCo and parents/carers where a child's medical needs intersect with safeguarding.
- Ensure that relevant safeguarding information is shared appropriately and on a need-to-know basis.
- Ensure that any concerns relating to the safety of a child's medical care are escalated in accordance with safeguarding procedures.

Head of Learning Enrichment
The Head of Learning Enrichment will support the school in considering how a child's medical condition may affect their learning, development, participation and access to the curriculum.

The Head of Learning Enrichment will:

- Work with the First Aid Coordinator, parents/carers and relevant professionals where a medical condition may affect a child's educational needs.

- Ensure that appropriate reasonable adjustments are considered.
- Contribute to Individual Healthcare Plans and other relevant plans where appropriate.
- Support staff in understanding the impact of a child's medical needs on their learning and participation.
- Liaise with external professionals where specialist advice is required.

Catering Provider
The school's catering provider has an important responsibility for ensuring that children with food allergies, intolerances and agreed dietary requirements can eat safely at school.

The catering provider is responsible for:
- Maintaining accurate records of pupils with notified food allergies and dietary requirements.
- Ensuring that catering staff have received appropriate training in allergy awareness and food safety.
- Following the school's agreed procedures for managing allergies and dietary requirements.
- Ensuring that allergen information is accurate, current and readily available to relevant staff.
- Taking appropriate steps to prevent cross-contamination when preparing and serving food for children with allergies.
- Following agreed procedures for the preparation, storage, labelling and service of allergen-safe meals.
- Ensuring that children with significant allergies are clearly identified to relevant catering staff.
- Liaising with the School Office, First Aid Coordinator and parents/carers where clarification regarding a dietary requirement is needed.
- Informing the school promptly of any concerns, errors or incidents relating to a child's dietary requirements.
- Ensuring that any changes to menus or ingredients are appropriately communicated.
- Maintaining appropriate records of allergen and dietary arrangements.
- Ensuring that catering staff understand the school's emergency procedures for responding to a suspected allergic reaction.
- Participating in reviews following any allergy or dietary incident and implementing agreed improvements.

27.2 Medical Records and Information Systems
Parents are required to complete a Data Collection Form annually, or when they are offered a place at the School, even where their child has no known allergies or medical needs. It is essential that the School is informed of any allergies, medical conditions and dietary or faith-based food requirements so that appropriate arrangements can be put in place to keep children safe. This information is required even where a child does not require specific treatment or medication for their condition or allergy.

Where a parent informs the School that a child has a chronic or significant medical condition, including asthma, anaphylaxis, epilepsy, diabetes or another condition requiring increased

awareness or support, an Individual Healthcare Plan (IHCP) will be created by the Learning Enrichment Department in conjunction with the parents/carers and, where appropriate, relevant medical professionals. Where a child has a severe allergy, parents/carers will also be asked to complete an Allergy Action Plan.

Where appropriate, children with chronic conditions such as diabetes, epilepsy or severe asthma should also have a Care Plan provided by their Specialist Nursing Team. The Care Plan should be developed with the involvement of the family and School, where appropriate, and must be shared with the Learning Enrichment Department.

IHCPs and Allergy Action Plans are held electronically on the School's Medical Drive, which is accessible to all staff, and on Medical Tracker, the School's medical record management system. The child's photograph will be included on the IHCP and Allergy Action Plan to support clear identification. A copy of the Allergy Action Plan will also be kept with each child's prescribed adrenaline auto-injector, where applicable.

The Class Teacher, Learning Enrichment Department, SLT and Head Teacher will have access to the relevant IHCP and/or Allergy Action Plan. Each class will also be provided with a class medical and dietary needs chart identifying children with long-term medical conditions, allergies and dietary or faith-based food requirements. Class Teachers and Teaching Assistants are responsible for familiarising themselves with the needs of all children in their class and understanding any specific actions or precautions required.

IHCPs will be reviewed and updated regularly throughout the academic year and whenever there is a significant change in a child's medical condition, treatment or circumstances. Allergy Action Plans will be reviewed at the beginning of each academic year and updated sooner where there is any change in the child's allergy or treatment. The First Aid Coordinator will oversee the maintenance of medical records and ensure that information remains accurate and up to date.

Where changes are made to a child's medical or dietary arrangements, the First Aid Coordinator will ensure that relevant staff are made aware. Changes may be communicated through email, staff meetings, direct communication or updates to the relevant medical records and plans, depending on the nature and urgency of the change.

Supply teachers, visiting staff and temporary staff will be provided with appropriate information about children with significant medical, allergy or dietary needs relevant to the children they are responsible for. Staff should always check the available medical information and seek guidance from the First Aid Coordinator, Learning Enrichment Department or another appropriate member of staff if they are unsure of a child's needs.

In the event that the School's usual electronic systems are unavailable, essential medical information will be accessed through a simple, controlled emergency medical information pack held securely in the School Office. The pack will contain key information required to keep children safe, including significant medical conditions, allergies, emergency medication and relevant emergency actions.

The First Aid Coordinator will ensure that the pack is reviewed and updated regularly and whenever significant changes are made to a child's medical needs. Any temporary records or changes made during a system outage will be added to the School's main medical records once normal systems are restored.

27.3 Medication Storage and Administration

The School has appropriate arrangements in place for the safe storage, administration, recording and monitoring of medication. The First Aid Coordinator or Deputy is responsible for the administration of prescribed medication to children. In addition, all trained First Aid staff are authorised to administer Calpol or Piriton, where appropriate and in accordance with the school's procedures. This arrangement ensures that medication is administered consistently and safely, and that all medication administration is accurately recorded and monitored through the school's Medical Tracker system.

The School's first aid area is located on the upper floor of the Head Block, adjacent to the Learning Enrichment Office and First Aid Coordinator's office. The area provides facilities for the treatment of children and the storage and administration of medication. It includes a medical bed, clean and washable surfaces, adequate heating, ventilation and lighting, drinking water and disposable cups, secure storage for first aid materials, a refrigerator and appropriate clinical waste facilities. Toilet and shower facilities are also available nearby.

All medication, other than medication specifically required to be readily accessible to a child, is stored securely in the locked medical storage area. The medical room keys are securely stored in the Learning Enrichment Room. When access to medication or medical equipment is required, authorised staff may obtain the keys to access the medical room and ensure the safe administration and storage of medication.

The First Aid Coordinator maintains the school's medication records and oversees all medication held on site.

Parents/carers are responsible for providing any prescribed medication their child requires and for providing the necessary written consent for its administration. Medication must be brought directly to the School Office by a parent/carer. Under no circumstances should medication of any kind be sent to school in a child's school bag.

All medication supplied to the School must:

- Be in its original packaging.
- Be clearly labelled with pharmacy dispensing label and the child's name.
- Be in date.
- Include clear instructions for use and dosage.
- Be accompanied by appropriate parental consent.
- Where prescribed by a doctor, include a clear explanation of the reason for use, including where the medication is a cream, lotion or other topical treatment.

Administration of Medication

The First Aid Coordinator and deputy are authorised to administer prescribed medication to children. In addition, all trained First Aid staff are authorised to administer non-prescription medications such as Calpol and Piriton, where parental consent has been obtained and in accordance with school's medication procedures. Medication must only be administered to the child for whom it has been prescribed or supplied.

Medication must never be given to another child, even in an emergency. This includes emergency medication such as adrenaline auto-injectors.

All medication administered by the First Aid Coordinator will be recorded on Medical Tracker, the School's medical record management system. The record will include the medication administered, dosage, date and time of administration and any other relevant information. Medical Tracker will automatically generate an email notification to the child's parent/carer following administration, providing details of the medication and time it was administered. If a medication error, adverse reaction or other significant concern occurs, the First Aid Coordinator will follow the appropriate medical and safeguarding procedures and inform the relevant senior member of staff and parent/carer as appropriate.

Where medication is required both at home and at school, parents/carers are responsible for collecting the medication from the School at the end of the required period. Parents/carers are also responsible for collecting medication that has expired or is no longer required and for its appropriate disposal. The School does not dispose of child's prescribed medication.

Storage of Emergency Medication

Medication that may be required urgently must remain readily accessible to ensure that it can be administered without unnecessary delay.

For children requiring adrenaline auto-injectors, parents/carers are required to provide two auto-injectors for school use. Both auto-injectors will be kept in the designated School Blue Medical Bag in the classroom. The bag will accompany the child/children to specialist lessons, playtimes and other activities where required.

Auto-injectors must be taken on all school trips, off-site visits and residential trips.

The School will ensure that appropriate allergy information and the child's Allergy Action Plan are available with their emergency medication.

Expired auto-injectors will be returned to parents/carers for disposal. Parents/carers will be contacted and will be required to collect expired auto-injectors from the School Office.

Other than adrenaline auto-injectors, associated allergy medication, asthma inhalers and anticonvulsants, medication will be stored securely in the locked medical storage area. Any medication requiring refrigeration, including antibiotics where necessary, will be stored securely in the medical refrigerator.

Expiry Checking and Medication Monitoring
The First Aid Coordinator will maintain a medical medication register and will check medication regularly to ensure that:

- Medication remains in date.
- Medication is correctly labelled, displaying pharmacy dispensing label.
- Medication is stored appropriately.
- Medication is available in the required quantity.
- Emergency medication remains accessible.
- Expired or no-longer-required medication is identified and returned to parents/carers.

A formal medication check will be completed monthly by the First Aid Coordinator. Parents/carers will be contacted where medication is approaching its expiry date or requires replacement.

Parents/carers are responsible for ensuring that the School is provided with replacement medication before existing medication expires.

School-Supplied Medication
The School holds a supply of liquid paracetamol and antihistamine for use in exceptional circumstances, such as a child sustaining a minor injury, bite or sting.

At the start of each academic year, parents/carers are asked to provide consent through the School's Data Collection Form for the administration of these medications.

A record of children whose parents/carers have provided consent will be maintained on iSAMS, the School's management information system, and in the appropriate School records. This information will be reviewed and updated throughout the year by the Learning Enrichment Department.

Where consent has not been provided, the First Aid Coordinator, Deputy or School Office staff will contact the parent/carer to obtain appropriate consent before administering the medication, unless the situation constitutes a medical emergency requiring immediate professional medical assistance.

Any administration of School-supplied medication will be recorded on Medical Tracker, with an automatic notification sent to the parent/carer.

Asthma Medication
The School maintains appropriate arrangements for children with asthma.

In the event of an acute asthma attack, a child’s prescribed inhaler must be administered in accordance with their individual medical guidance and using a spacer device where required.

The School also maintains Emergency Asthma Inhalers. These may only be administered to children who have been prescribed an inhaler by their family doctor and where the appropriate parental consent has been provided.

Adrenaline Auto-Injectors and Severe Allergies
Any child who requires an adrenaline auto-injector must have two auto-injectors available in school.

Both auto-injectors will be stored in the designated School Blue Medical Bag and will remain readily accessible. The bag will accompany the child during specialist lessons, playtimes and other activities as required.

Auto-injectors must also accompany children on all:

- School trips
- Off-site visits
- Residential trips
- Relevant sporting and co-curricular activities

The child's Allergy Action Plan will be available with the emergency medication.

Automated External Defibrillator (AED)
The School recognises that the prompt use of an Automated External Defibrillator (AED) can increase the chance of survival following a cardiac arrest.

The School has one AED, located near the medical room on the upper floor of the Head Block. The AED is maintained and checked by the First Aid Coordinator in accordance with the manufacturer's guidance.

The School provides appropriate AED awareness and training through relevant first aid training programmes, recognising that training is considered best practice even though specific training is not required to operate an AED.

Off-Site, Sport and Co-Curricular Activities
Before children participate in trips, residential visits, sporting activities or other off-site/co-curricular activities, the First Aid Coordinator will ensure that appropriate medical arrangements are in place.

This will include ensuring that:

- Required medication is available.
- Emergency medication is taken with the child.
- Relevant medical information and emergency plans are available to the supervising staff.
- Medication remains accessible throughout the activity.
- Appropriate arrangements are made for refrigeration where medication requires it.

- Any administration of medication is recorded appropriately on Medical Tracker on return, or as soon as reasonably practicable where electronic access is unavailable.

27.4 Supporting Specific Conditions and Specialist Needs

The School recognises that some children require additional support to manage a medical condition safely during the School day and while participating in educational visits, sporting activities and co-curricular activities. Individual arrangements will be based on the pupil's medical needs and will be recorded in the appropriate IHCP, Allergy Action Plan or specialist Care Plan.

Where a child has a chronic or significant medical condition, including asthma, anaphylaxis, epilepsy, diabetes or another condition requiring additional support, the School will work with parents/carers and where appropriate, medical professionals to ensure that appropriate arrangements are in place. Where required, a specialist Care Plan provided by the child's Specialist Nursing Team will be shared with the Learning Enrichment Department and incorporated into the pupil's School arrangements.

The Learning Enrichment Department will coordinate the development and review of IHCPs, working with parents/carers and relevant medical professionals. The First Aid Coordinator is responsible for maintaining the School's medical records, ensuring that relevant information is kept up to date and that appropriate staff are made aware of any changes. Class Teachers and Teaching Assistants are responsible for familiarising themselves with the medical needs of children in their class and the actions required to support them safely.

Asthma

Children with asthma will have their needs recorded within the School's medical records and, where appropriate, an IHCP. The School maintains an Asthma Register and appropriate emergency asthma arrangements.

Children who require an inhaler must have their prescribed inhaler available in School. In the event of an acute asthma attack, the child's prescribed inhaler will be administered in accordance with their medical guidance and using a spacer device.

The School also holds Emergency Asthma Inhalers and space devices. These will only be used for children who have been prescribed an inhaler by their family doctor and where the appropriate parental consent has been provided.

Asthma medication must accompany children on educational visits, sporting activities and other off-site activities where required.

Severe Allergies and Anaphylaxis

Children with severe allergies will have an Allergy Action Plan completed with their parents/carers. The plan will include the child's photograph and details of the allergy, symptoms, emergency medication and actions to be taken.

Any child requiring an adrenaline auto-injector must have two auto-injectors available in School. These will be kept in the child's designated School Blue Medical Bag and will remain readily accessible. The auto-injectors and Allergy Action Plan must accompany the child to specialist lessons, playtimes, sporting activities, educational visits and residential trips.

The School's arrangements for children with severe allergies will be implemented in conjunction with the Allergy Safety Policy, including arrangements for food preparation, catering, cross-contact, identification of children and emergency response.

Staff must be familiar with the emergency procedures detailed in the child's Allergy Action Plan. In the event of a suspected anaphylactic reaction, the School's emergency procedures must be followed immediately and emergency medical assistance sought where required.

Diabetes, Epilepsy and Other Chronic Conditions

Where a child has diabetes, epilepsy, severe asthma or another chronic condition requiring specialist support, the School will work with the child's family and relevant healthcare professionals to establish appropriate arrangements.

Where provided by a Specialist Nursing Team, a Care Plan will be shared with the Learning Enrichment Department and incorporated into the child's IHCP and School arrangements where appropriate.

The child's IHCP will identify any medication, treatment, monitoring, activity restrictions or emergency procedures required. Staff who have responsibility for the child will be made aware of the relevant information and any specific actions they may need to take.

Any medication required for these conditions will be managed in accordance with the School's Medication Storage and Administration procedures.

Specialist Plans and Policies

Medical arrangements will be supported by the child's individual plans and the School's relevant policies and procedures, including:

- Individual Healthcare Plans (IHCPs)
- Allergy Action Plans
- Specialist Care Plans provided by healthcare professionals
- Allergy Safety Policy
- Medication Storage and Administration procedures
- First Aid procedures
- Educational Visit procedures
- Safeguarding procedures
- SEND and pastoral support arrangements

Where a child's needs change, the relevant plan will be reviewed and updated. The First Aid Coordinator will ensure that changes are reflected in the School's medical records and that relevant staff are informed.

Staff Training and Competence

The School will ensure that staff who are required to provide specific medical support receive appropriate information, instruction and, where necessary, training.

The First Aid Coordinator will oversee relevant medical training and ensure that staff understand their responsibilities. Staff will be made aware of children with significant medical conditions through appropriate communication, including email, staff meetings and the information available on the School's medical systems.

Staff must not undertake medical procedures or administer medication for which they have not received appropriate instruction or authorisation.

All staff are expected to know how to obtain assistance and who to contact if they are concerned about a pupil's health or believe that a child requires medical attention.

Emergency and Escalation Arrangements

In an emergency, the immediate priority is the health and safety of the child. Staff should follow the child's IHCP, Allergy Action Plan or specialist Care Plan and seek assistance from the First Aid Coordinator or another appropriate member of staff.

Where necessary, 999/emergency medical assistance should be contacted without delay. Parents/carers will be informed as soon as reasonably practicable in accordance with the circumstances.

Any significant medical incident, administration of emergency medication or deterioration in a pupil's condition will be recorded appropriately on Medical Tracker and reported to the First Aid Coordinator and relevant senior staff.

Where there is uncertainty about a child's condition or the appropriate response, staff should escalate rather than make assumptions. The First Aid Coordinator will liaise with parents/carers and relevant healthcare professionals where further advice or review is required.

Medical arrangements will also be considered as part of the planning and risk assessment process for educational visits, residential trips, sporting activities and co-curricular activities, ensuring that children with specialist medical needs can participate as safely and fully as possible.

27.5 Catering and Dietary Management

The School works closely with its catering provider to ensure that children with allergies, dietary requirements and faith-based food requirements are appropriately supported and that food is provided safely and consistently.

The catering provider is responsible for the day-to-day management of food provision, with the School's First Aid Coordinator acting as the key School contact for medical and dietary information.

The catering provider will be supplied with the relevant dietary information, Allergy Action Plans and medical information required to safely manage each child's needs. Where there are any changes to a child's allergy, medical condition or dietary requirements during the academic year, the First Aid Coordinator will ensure that the catering provider is informed promptly and that the relevant records and information are updated.

The catering provider will also be provided with a current School dietary needs chart, identifying children with allergies, dietary requirements and faith-based food requirements. This chart will be accessible in the kitchen and food serving area. Catering staff will be trained by the catering provider and will be made aware of the information contained within the chart and the procedures they must follow.

To support the identification and verification process at lunchtime, children with an identified dietary requirement or allergy will wear a wristband, orange for allergies and purple for dietary needs . The wristband will be provided to the pupil by their Class Teacher or Teaching Assistant before lunch. This provides an additional visual identifier for catering staff and reinforces the checking process when pupils select or are served their food.

For children in EYFS and Pre-Prep, the Class Teacher and Teaching Assistant will be present at the food counter during lunchtime. They will monitor the food being selected and served to children and provide a four-eyes checking approach, ensuring that the correct meal is provided to the correct child and that dietary or allergy requirements are followed.

The School recognises that children with severe allergies require particular care. All arrangements for children with severe allergies will follow the School's Allergy Safety Policy, including the use of Allergy Action Plans, emergency medication and appropriate staff awareness.

Special Menus, Substitutions and Cross-Contact

The catering provider will ensure that suitable meals and substitutions are available for children with notified dietary requirements. Where a child requires a specific meal or alternative food, this will be identified through the School's dietary information and communicated to the catering team.

Care will be taken to minimise the risk of cross-contact with allergens during food preparation, storage and service. Catering staff will follow their food safety and allergen management procedures and the School's Allergy Safety Policy.

Where there is any uncertainty about whether a food is suitable for a child with an allergy or dietary requirement, the food must not be served until the requirement has been checked and confirmed.

Food from Home, Snacks and Celebrations

The school encourages children to bring one healthy snack for morning break. Communication is sent to parents requesting that all snacks are nut-free. Staff monitor snacks each day to help minimise the risk posed to children with airborne allergies and to ensure a safe environment for all pupils.

Where food is provided as part of a School event, celebration or special occasion, the food must be planned and provided in accordance with child's known dietary requirements and the Allergy Safety Policy. Appropriate alternatives will be provided where necessary so that children with dietary requirements or allergies can participate safely alongside their peers.

The School will ensure that staff organising events involving food liaise with the catering provider and First Aid Coordinator where necessary before food is provided to children.

Communication and Monitoring

The School and catering provider will maintain clear communication throughout the academic year. The First Aid Coordinator will ensure that changes to medical, allergy or dietary information are communicated promptly to the catering provider.

The catering provider will inform the School of any concerns, incidents, errors or difficulties relating to a child's dietary requirements or allergy. Any significant incident will be recorded and reviewed in accordance with the School's medical, safeguarding and Allergy Safety Policy procedures.

The arrangements above are designed to provide multiple checks at the point where food is selected and served, particularly for younger children, and to ensure that responsibility for safe food provision is shared clearly between the School, catering provider and relevant staff.

27.6 Individual Healthcare Plans (IHCPs)

The school shall describe:

Where a child has a chronic or significant medical condition that requires additional support or awareness within School, an Individual Healthcare Plan (IHCP) will be created. This may include conditions such as asthma, anaphylaxis, epilepsy, diabetes or other medical conditions where an individualised approach is required.

The Learning Enrichment Department is responsible for coordinating the development of IHCPs, working closely with parents/carers and, where appropriate, the child and relevant healthcare professionals. The First Aid Coordinator will ensure that the medical information associated with the IHCP is accurately recorded, maintained and kept up to date.

IHCPs will be developed using information provided through the School's Data Collection Form, together with information provided directly by parents/carers and, where appropriate, medical professionals. Where a specialist healthcare professional provides a Care Plan, such as for diabetes, epilepsy or severe asthma, this will be shared with the Learning Enrichment Department and considered as part of the child's School medical arrangements.

For new starters, parents/carers are required to provide full medical, allergy and dietary information as part of the admissions and Data Collection process. Where the information indicates that a child requires an IHCP, the Learning Enrichment Department will liaise with the family before or shortly after the child starts School to ensure that an appropriate plan is in place.

For mid-year admissions, the same process will be followed. Medical information will be reviewed as part of the admission process and an IHCP will be developed where required. Where a child has significant medical needs, the School will seek to ensure that the necessary information, medication, emergency plans and staff awareness are in place before the pupil begins School, wherever reasonably practicable.

Parents/carers will be involved in the development and review of their child's IHCP and will be expected to provide accurate and up-to-date information about their child's condition, treatment, medication and any changes in their medical needs. Where appropriate, the child will also be involved in the development of their IHCP, taking account of their age, understanding and ability to contribute.

Where specialist medical advice is required, the School will work with the pupil's healthcare professionals, Specialist Nursing Team or other relevant medical professionals to ensure that the IHCP reflects appropriate medical advice and guidance.

IHCPs will be reviewed at least annually and sooner where there is a significant change in the child's medical condition, treatment, medication or circumstances. A review may also be triggered following a significant medical incident, hospital admission, change in diagnosis, change in medication or advice from a healthcare professional.

The First Aid Coordinator will ensure that relevant changes are recorded on Medical Tracker and the School's Medical Drive and that updated information is communicated to the appropriate staff. Where a change affects catering arrangements, the First Aid Coordinator will also ensure that the catering provider is informed and that the relevant dietary information is updated.

Relevant staff will be made aware of the information contained within an IHCP where it is necessary for them to safely support the child. Class Teachers and Teaching Assistants are responsible for familiarising themselves with the medical needs of children in their class. The School's class medical and dietary needs chart will also identify children with significant medical conditions, allergies and dietary or faith-based food requirements.

Changes to IHCPs will be communicated to relevant staff through email, staff meetings, direct communication and updates to the School's medical systems, depending on the nature and urgency of the change. Staff are expected to ensure that they have read and understood any information relevant to children in their care and to seek clarification from the First Aid Coordinator or Learning Enrichment Department if they are unsure of the required arrangements.

IHCPs will be stored securely on the School's Medical Drive and on Medical Tracker, ensuring that the relevant information can be accessed by authorised staff who need it to support the child safely. A simple, controlled emergency medical information pack will also be maintained as a contingency should the School's usual electronic systems be unavailable.

27.7 Educational Visit Arrangements

The School recognises that children with medical conditions, allergies and dietary requirements require careful planning when participating in educational visits. Medical, dietary and allergy needs will be considered as part of the visit planning process and will be reflected in the relevant risk assessment and visit arrangements.

All educational visit risk assessments will be completed by the Visit Leader and reviewed by the Educational Visits Coordinator (EVC), First Aid Coordinator and a member of SLT. This review process will ensure that the medical, dietary and allergy needs of pupils are identified and appropriately addressed. Where a child has an Individual Healthcare Plan (IHCP), the risk assessment and visit arrangements will take this into account and link to the child's individual needs.

Before any residential visit, parents/carers will be asked to confirm their child's current medical, dietary and allergy information. This information will be checked against the School's existing records. Where there are any differences or changes, the First Aid Coordinator will follow up with parents/carers to ensure that the School's records and relevant medical plans are updated before the visit.

For day visits, packed lunches will be provided by the School's catering provider in accordance with the child's recorded dietary and allergy requirements. The catering provider will be given the relevant information to ensure that appropriate meals are prepared and that allergen and dietary requirements are followed.

For residential visits, the Visit Leader will liaise with the venue in advance to ensure that the venue is fully aware of the medical, dietary and allergy requirements of participating pupils and can meet those needs safely. Where food is provided by the venue, appropriate arrangements will be agreed in advance. The venue's own risk assessments and relevant safety information must be provided to the School and reviewed by the Visit Leader as part of the visit planning process.

Parents/carers are responsible for providing any additional medication required for a residential visit. Medication must be provided in its original packaging, clearly labelled with the pharmacy dispensing label including the child's name and dosage instructions.

A medication register will be prepared as part of the visit documentation and will identify the medication being taken, the pupil it relates to and the required dosage and administration arrangements. This information will form part of the visit's medical information pack and will be available to the relevant staff members.

For residential visits, the Visit Leader will be responsible for the administration and recording of medication during the visit. All medication administered will be recorded in accordance with the School's procedures, with appropriate records maintained throughout the visit. Emergency medication, including adrenaline auto-injectors and asthma inhalers, must always accompany the child where required and must be taken on all educational visits, including day trips and residential visits.

Before a day visit or residential, the Visit Leader will hold a pre-visit meeting with all staff attending the visit. The Visit Leader will ensure that staff understand the risk assessment, the arrangements for the venue and any specific medical, dietary or allergy requirements of children attending.

Relevant staff will be made aware of children requiring specific medical support, including the location of emergency medication and any actions required in an emergency. Staff will also be briefed on the emergency procedures for the venue and the arrangements for contacting the School, parents/carers and emergency services where required.

The Visit Leader will ensure that appropriate first aid provision is available for the duration of the visit and that emergency arrangements are proportionate to the activity, location and needs of the children attending.

Where a child has a severe allergy or other condition requiring emergency treatment, the relevant IHCP, Allergy Action Plan and emergency medication will form part of the visit's medical arrangements.

Additional planning will be undertaken for residential visits due to the longer period away from School.

The Visit Leader will ensure that:

- Medical, dietary and allergy information has been confirmed with parents/carers.
- The venue has been informed of all relevant requirements.
- The venue can meet the pupils' medical and dietary needs.
- Relevant venue risk assessments and safety information have been reviewed.
- All required medication has been received, checked and recorded.
- Emergency medication is readily accessible.
- All staff have been briefed on relevant medical and emergency arrangements.
- Appropriate arrangements are in place for meals, accommodation, activities and emergencies.

Any medication brought for a residential visit must be handed to the Visit Leader in its original packaging and clearly labelled with the pharmacy dispensing label including the child's name

and dosage requirements. The Visit Leader will maintain the medication register and ensure that medication is securely stored and administered as required.

At the end of a day trip or residential visit, the Visit Leader will check the medication register and ensure that all medication is accounted for. Medication will be returned directly to the parent/carer on collection, and the handover will be recorded and signed off.

Any medication remaining at School following a day visit or residential will be returned to the appropriate secure storage arrangements.

Following the visit, any medical incident, medication administration, allergy incident or change in a child's needs will be reported to the First Aid Coordinator and recorded on the appropriate School system.

The Visit Leader will also report any concerns, incidents or learning points arising from the visit so that arrangements can be reviewed and improvements made for future educational visits.

27.8 Sport, Co-Curricular Arrangements

The School is committed to ensuring that children with medical conditions, allergies and dietary requirements are able to participate safely and as fully as possible in sport, co-curricular activities, clubs and fixtures. Individual medical needs will be considered when planning activities and appropriate adjustments will be made in accordance with the pupil's IHCP, Allergy Action Plan or other relevant medical guidance.

Access to Medication

Children who require emergency medication must have this available and accessible during all sporting and co-curricular activities. This includes prescribed inhalers, adrenaline auto-injectors and any other emergency medication identified within the child’s IHCP, Allergy Action Plan or other relevant medical guidance.

The child's designated First Aid Blue bag, containing their relevant emergency medication and medical information where applicable, must accompany them to sporting activities, specialist lessons, clubs, fixtures, playtimes and other activities away from their usual classroom. The member of staff responsible for the activity must ensure that the bag is brought with the child and remains readily accessible throughout the activity.

For children requiring adrenaline auto-injectors, two auto-injectors must be available in School and must accompany the child in their designated School Blue Medical Bag during sporting activities, clubs, fixtures, residentials and off-site visits where required.

Medication must remain accessible throughout the activity and must not be left in an inaccessible location. Any medication administered by the First Aid Coordinator, deputy or trained first aiders will be recorded on Medical Tracker in accordance with the School's medication procedures.

Reasonable Adjustments

The School will make reasonable adjustments where necessary to enable pupils with medical conditions to participate safely in sport and co-curricular activities.

Adjustments will be considered on an individual basis and may include:

- Adjusting the level or intensity of physical activity.
- Allowing additional rest or recovery periods.
- Providing access to drinking water.
- Allowing a child to carry or have immediate access to essential medication.
- Modifying an activity where required by the child's medical needs.
- Providing appropriate supervision.
- Making alternative arrangements where participation in a particular activity presents a significant medical risk.

Any adjustments will be informed by the child's IHCP, specialist Care Plan, medical advice or other relevant information. The aim will be to enable participation wherever reasonably possible rather than unnecessarily excluding pupils from activities.

Staff Briefings

Before sporting activities, clubs, fixtures and other co-curricular activities, staff responsible for children will be made aware of any relevant medical conditions, allergies or emergency arrangements.

Staff will be expected to familiarise themselves with the relevant information for children in their care, including the location of emergency medication and any specific actions required in an emergency.

Where an activity takes place away from the child's usual classroom, the designated School Blue Medical Bag must accompany the child. The member of staff responsible for the activity should check that it is present before the activity begins and ensure that it remains accessible throughout.

Where an activity takes place off-site, the Visit Leader or member of staff responsible for the activity will ensure that relevant medical information and emergency medication accompany the children.

For children with severe allergies, the relevant Allergy Action Plan and emergency medication must be available and staff must be aware of the appropriate emergency response. These arrangements must be followed alongside the School's Allergy Safety Policy.

Exam Access Arrangements

Where a child's medical condition may affect their ability to access or complete an examination or assessment, the School will consider appropriate arrangements in accordance with the child's individual needs and any relevant examination requirements.

This may include reasonable adjustments such as access to medication, additional rest breaks, access to water or other arrangements supported by appropriate medical evidence and the relevant examination regulations.

Any arrangements will be coordinated with the appropriate member of staff responsible for examinations and, where necessary, the Learning Enrichment Department and relevant healthcare professionals.

Where a child requires emergency medication during an examination or assessment, appropriate arrangements will be made to ensure that the medication is immediately accessible and that the relevant staff member is aware of the required procedure.

Clubs and School Activities

Medical, allergy and dietary information will be considered when children are registered for School clubs and activities. Where a child has a significant medical condition, the relevant information will be available to the staff member responsible for the activity.

The designated School Blue Medical Bag must be returned to and placed on the designated medical storage rail at the end of each school day at 3.30pm. All staff are made aware of the location of the medical storage rail so that the bag and any emergency medication can be accessed quickly if required. The School will ensure that emergency medication is accessible and that staff know how to obtain assistance if a child becomes unwell or requires medical attention.

Where clubs are delivered outside normal School hours, arrangements will be made to ensure that relevant medical information and emergency medication remain available for the duration of the activity.

Fixtures and External Providers

Where children participate in sporting fixtures or activities delivered by an external provider, the School will ensure that relevant medical information is considered as part of the arrangements.

External providers will be given appropriate information about significant medical conditions, allergies or other needs where this is necessary to keep pupils safe. Information will be shared appropriately and in accordance with the School's confidentiality and data protection requirements.

Where children are attending a fixture or activity away from School, the member of staff responsible will ensure that the child's designated Blue First Aid bag, emergency medication,

including asthma inhalers and adrenaline auto-injectors where required, accompanies the child.

The member of staff responsible for the fixture or activity will check that the required medication is present before leaving School and ensure that it remains accessible throughout the activity.

External providers will be expected to follow the School's agreed safeguarding, medical and emergency procedures where applicable. Where an external provider has its own medical or risk assessment arrangements, these will be reviewed by the School where appropriate to ensure that they adequately address the needs of participating children.

Any significant medical incident occurring during a club, fixture or externally provided activity will be reported to the School and managed in accordance with the School's medical, safeguarding and emergency procedures.

27.9 Early Years Procedures, where applicable

The School recognises that children in Preschool and Reception, aged 3–5 years, require additional supervision and support in relation to medical conditions, allergies, dietary requirements and first aid. Arrangements for children in the Early Years Foundation Stage (EYFS) will reflect their age, level of independence and individual needs.

Medication

Medication for children in Preschool and Reception will be managed in accordance with the School's Medication Storage and Administration procedures. The. First Aid Coordinator/Deputy and trained first aid staff are authorised to administer medication to children.

All medication must be provided by parents/carers directly to the First Aid Coordinator or Deputy and must be in its original packaging, clearly labelled with pharmacy dispensing label including the child's name, in date and accompanied by the appropriate consent and instructions.

Where a child requires emergency medication, including an asthma inhaler or adrenaline auto-injector, this must be readily accessible and accompany the child during activities away from their usual classroom.

For children requiring adrenaline auto-injectors, two auto-injectors must be available in School. These will be kept in the child's designated School Blue Medical Bag , which will accompany the child to specialist lessons, playtimes, clubs, educational visits and other activities away from their usual classroom.

The designated School Blue Medical Bag must be returned to and placed on the designated medical storage rail at 3.30pm each day. All staff are made aware of the location of the medical storage rail so that emergency medication can be accessed quickly if required.

All medication administered by the First Aid Coordinator will be recorded on Medical Tracker, with an automatic email notification sent to the child's parent/carer confirming the medication and time it was administered.

Eating, Dietary Requirements and Supervision

The School takes particular care to ensure that the dietary, allergy and faith-based food requirements of children in Preschool and Reception are safely managed.

The catering provider will be provided with the relevant dietary and allergy information, including the School's dietary needs chart. This identifies children with allergies, dietary requirements and faith-based food requirements and is displayed in the kitchen and food serving area.

Children with an identified allergy or dietary requirement will wear a wristband at lunchtime (orange for allergies and purple for dietary), provided by their Class Teacher or Teaching Assistant. This provides an additional visual identifier for catering staff and reinforces the checking process at the food counter.

For children in EYFS and Pre-Prep, the Class Teacher and Teaching Assistant will be present at the food counter during lunchtime. They will monitor the food being selected and served and provide a four-eyes approach, ensuring that the correct food is provided to the correct child.

The school encourages children to bring one healthy snack for morning break. Communication is sent to parents requesting that all snacks are nut-free. Staff monitor snacks each day to help minimise the risk posed to children with airborne allergies and to ensure a safe environment for all pupils.

Where food is provided for celebrations or School events, arrangements must be made in accordance with the child's dietary requirements and the Allergy Safety Policy.

Paediatric First Aid

The School will ensure that appropriate Paediatric First Aid provision is available for children in Preschool and Reception in accordance with the requirements applicable to the Early Years Foundation Stage.

Staff will know how to access first aid support and will be familiar with the procedures for responding to injury, illness and medical emergencies.

All accidents and incidents will be recorded in accordance with the School's first aid procedures. Where appropriate, parents/carers will be informed of an accident, injury, illness or first aid treatment provided.

Staff working directly with children will be made aware of children with significant medical conditions, allergies or other specific needs. Where a child has an IHCP, Allergy Action Plan or specialist Care Plan, relevant staff will be familiar with the required arrangements.

Parental Communication

Parents/carers are required to provide accurate and up-to-date information about their child's medical conditions, allergies and dietary requirements through the School's Data Collection Form.

Where a child has a chronic or significant medical condition, an Individual Healthcare Plan (IHCP) will be developed by the Learning Enrichment Department in conjunction with parents/carers and, where appropriate, relevant healthcare professionals.

Where a child has a severe allergy, parents/carers will be asked to complete an Allergy Action Plan. A copy will be held electronically on the School's Medical Drive and Medical Tracker, with a copy kept with the child's auto-injectors where applicable.

Parents/carers must inform the School promptly of any changes to their child's medical condition, medication, allergy or dietary requirements. The First Aid Coordinator will ensure that relevant records are updated and that appropriate staff and the catering provider are informed.

Medical information and medication administration will be recorded on Medical Tracker. Where medication is administered, Medical Tracker will automatically notify the parent/carer of the medication given and the time it was administered.

Outings and Educational Visits

Medical, allergy and dietary requirements will be considered as part of the planning process for all EYFS outings and educational visits.

The Visit Leader will complete the relevant risk assessment, which will be reviewed by the Educational Visits Coordinator (EVC), First Aid Coordinator and a member of SLT. The risk assessment will consider the individual medical needs of children and link to relevant IHCPs, Allergy Action Plans and specialist Care Plans.

The child's designated School Blue Medical Bag must accompany them on outings and activities away from their usual classroom where it contains emergency medication. The staff member responsible for the group must ensure that the bag remains readily accessible throughout the outing.

For day visits, packed lunches will be provided by the School's catering provider in accordance with the child's recorded dietary and allergy requirements.

Before an outing, staff will be briefed on the relevant medical, allergy and dietary requirements of the children attending, including emergency procedures and the location of emergency medication.

Emergency Response

In the event of a medical emergency involving a child in Preschool or Reception, staff will prioritise the child's immediate safety and follow the child's IHCP, Allergy Action Plan or specialist Care Plan, where applicable.

The First Aid Coordinator should be contacted immediately where appropriate, and 999 emergency services should be called without delay where the situation requires emergency medical assistance.

Emergency medication, including prescribed asthma inhalers and adrenaline auto-injectors, must be readily accessible and administered in accordance with the child's individual medical guidance.

Parents/carers will be contacted as soon as reasonably practicable following a significant medical incident or emergency.

Any significant medical incident, injury, medication administration or allergic reaction will be recorded appropriately on Medical Tracker and reported to the First Aid Coordinator and relevant senior staff.

Following an emergency or significant incident, the School will review the child's medical arrangements and risk assessment to determine whether any changes to the IHCP, Allergy Action Plan, staff briefing or other provision are required.

27.10 Staff Training Arrangements

The School recognises that appropriate staff training is essential to ensure that pupils with medical conditions, allergies and dietary requirements are supported safely and consistently. Training requirements will reflect the responsibilities of individual staff members and the needs of the pupils within their care.

Induction

All new staff will receive information about the School's arrangements for supporting pupils with medical and dietary needs as part of their induction. This will include:

- The location of the first aid area and medical facilities.
- The location of emergency medication and School Blue First Aid Bags.
- How to access relevant medical information and Individual Healthcare Plans.
- The procedures for responding to medical emergencies.
- The School's arrangements for allergies, dietary requirements and anaphylaxis.
- Who to contact if a pupil becomes unwell or requires medical assistance.
- The importance of confidentiality when handling medical information.

Staff will be expected to familiarise themselves with the medical needs of children in their care and to seek clarification where they are unsure of any medical or emergency arrangements.

Annual and Role-Specific Training

All staff will receive an annual medical and first aid refresher as part of INSET, alongside relevant online training courses. These sessions will reinforce the School's procedures for first aid, medical conditions, allergies, emergency medication and safeguarding.

All staff working with children will complete Paediatric First Aid training every three years, in accordance with the requirements of their role and the School's Early Years provision.

Additional training will be provided where required according to an individual's role. This may include training relating to first aid, AED awareness, asthma, anaphylaxis, medication administration, safeguarding and other areas relevant to the responsibilities of the member of staff.

Condition-Specific Training

Where a child has a specific medical condition requiring specialist support, appropriate staff will receive information and, where necessary, specific training to enable them to support the pupil safely.

This may include conditions such as:

- Asthma
- Severe allergies and anaphylaxis
- Diabetes
- Epilepsy
- Other chronic or significant medical conditions identified through an Individual Healthcare Plan or specialist Care Plan.

Where appropriate, training or guidance will be provided by the child's healthcare professional, Specialist Nursing Team or other suitably qualified professional.

The First Aid Coordinator and Learning Enrichment Department will ensure that relevant staff are made aware of changes to a child's medical condition, treatment or emergency arrangements. Information may be shared through email, staff meetings, direct communication or updates to the School's medical systems.

First Aid and Medical Responsibilities

The First Aid Coordinator and Deputy are authorised to administer prescribed medication to children. In addition, all trained First Aid staff are authorised to administer non-prescription medications such as Calpol and Piriton, where parental consent has been obtained and in accordance with the school's medication procedures. Medication must only be administered to the child for whom it has been prescribed or supplied.

The First Aid Coordinator will also oversee the School's medical records, medication checks, emergency medication arrangements and relevant staff training.

Staff who are responsible for educational visits, sporting activities, clubs or co-curricular activities will be briefed on the medical needs of the pupils attending and the location and accessibility of any required emergency medication.

The designated School Blue Medical Bag must accompany children when they attend activities away from their usual classroom where it contains emergency medication. Staff responsible for the activity must know where the bag is located and ensure that it remains readily accessible.

Temporary and Third-Party Staff

Supply teachers, temporary staff, volunteers, visiting staff and external providers will be given appropriate information about child's with significant medical conditions, allergies or dietary requirements where this is necessary for their role.

Temporary or visiting staff will be informed of the relevant emergency procedures and who to contact should a child require medical assistance.

Where an external provider is responsible for an activity, the School will ensure that appropriate medical information is shared where necessary and that the provider's own arrangements are considered as part of the risk assessment.

Staff who have not received the necessary training must not undertake specialist medical procedures or administer medication unless specifically authorised and appropriately trained to do so.

Training Records and Refresher Training

The School will maintain appropriate records of staff training, including:

- Paediatric First Aid qualifications.
- First aid training.
- Condition-specific training.
- Medication-related training where applicable.
- AED training and awareness.
- Annual INSET and online refresher training.

The First Aid Coordinator will monitor training records and ensure that refresher training is arranged before qualifications expire. Staff will be expected to attend required refresher training and complete mandatory online courses within the timescales set by the School.

Training needs will also be reviewed where there is a significant change to a pupil's medical condition, the introduction of new medical procedures, an incident or near miss, or a change to relevant guidance or School procedures.

27.11 Emergency Medical Response Procedures

The School has established procedures to ensure that medical emergencies are responded to quickly, consistently and appropriately. The immediate priority in any medical emergency is to ensure the safety and wellbeing of the child, staff member or visitor and to obtain appropriate medical assistance without delay.

Summoning Internal Help

The First Aid Coordinator carries a portable radio throughout the school day and keeps it switched on at all times. This provides a direct means of communication and allows medical assistance to be summoned quickly across the School site.

Where a child becomes unwell or is injured, staff should seek assistance from the First Aid Coordinator immediately. The nature and location of the incident should be communicated clearly so that appropriate assistance can be provided.

Where emergency medication is required, staff should follow the child's Individual Healthcare Plan, Allergy Action Plan or specialist Care Plan, where applicable.

The designated Blue First Aid bag, where it contains emergency medication, must remain readily accessible and accompany pupils when they are away from their usual classroom.

Calling and Directing Emergency Services

Where an incident is considered a medical emergency, **999 should be called without delay**. Staff should not delay calling emergency services while waiting for the First Aid Coordinator or another member of staff to arrive.

The person making the call should provide:

- The School's full name and address.
- The exact location of the incident within the School.
- The nature of the emergency.
- The condition of the child or other individual.
- Any relevant medical information.
- A contact number for the School.

A member of staff should be sent to meet the emergency services and direct them to the location of the incident. Where possible, access routes should be kept clear and the School Office should be informed that emergency services are attending.

The First Aid Coordinator or appropriately trained member of staff will provide first aid and emergency assistance within the limits of their training while awaiting professional medical help.

Parental and Senior Notification

Parents/carers will be contacted as soon as reasonably practicable following a significant medical incident or where emergency medical treatment is required.

The First Aid Coordinator will ensure that relevant senior staff are informed. Any significant medical incident should be reported to the Head of Operations and SLT.

The Head or appropriate member of SLT will be informed of serious incidents, hospital admissions, significant injuries, safeguarding concerns or any incident requiring further investigation or follow-up.

Where a child has an IHCP or Allergy Action Plan, the School will ensure that any significant incident is considered as part of the subsequent review of the child's medical arrangements.

Staff Accompaniment to Hospital

Where a child requires hospital treatment, the School will ensure that an appropriate member of staff accompanies the child where this is necessary and where the parent/carer has not yet arrived.

The member of staff accompanying the child should take relevant medical information and, where appropriate, the pupil's emergency medication or School Blue Bag.

The School will maintain communication with the parent/carer and ensure that responsibility for the child is handed over appropriately when the parent/carer arrives or when responsibility is formally accepted by the hospital.

A member of staff should remain with the child until an appropriate handover has taken place, unless circumstances require otherwise.

Incident Reporting and Escalation

All significant medical incidents must be reported to the First Aid Coordinator, Head of Operations and SLT.

Incidents will be recorded using the School's appropriate reporting systems, including Medical Tracker where applicable. Medical Tracker will be used to record medical treatment and medication administration, providing an accurate record of the incident and any medication given.

Where medication is administered by the First Aid Coordinator, the administration will be recorded on Medical Tracker and an automated notification will be sent to the parent/carer confirming the medication and time it was administered.

Any serious accident, significant medical incident, near miss or incident requiring emergency services or hospital treatment will be escalated in accordance with the School's health and safety and safeguarding procedures.

Following a significant incident, the School will consider whether:

- The child's IHCP or Allergy Action Plan needs to be reviewed.
- Additional staff training or briefing is required.
- Risk assessments need to be amended.
- Medical or emergency procedures need to be changed.
- Additional equipment or resources are required.
- The incident needs to be reported to a relevant external body in accordance with statutory or School requirements.

The School will use incidents and near misses to identify trends and implement any necessary improvements to reduce the likelihood of recurrence.

27.12 Reintegration and Transition Procedures

The School recognises that children returning to School following illness, hospitalisation or a significant change in their medical condition may require additional support. Arrangements will be considered on an individual basis and will take account of the child's medical needs, advice from healthcare professionals and information provided by parents/carers.

Return Following Illness or Hospitalisation

Where a child has been absent due to a significant illness, hospitalisation, surgery or a change in their medical condition, parents/carers should provide the School with any relevant information regarding their child's recovery, treatment, medication or restrictions before the child returns to School.

Where appropriate, the School may request information or advice from the child's healthcare professional to ensure that appropriate arrangements are in place for their return.

The First Aid Coordinator and Learning Enrichment Department will review any relevant medical information and ensure that staff who need to know are made aware of any changes to the child's care or support.

Where a child requires temporary adjustments, these may include changes to physical activity, additional rest periods, access to medication, dietary adjustments, increased supervision or other reasonable arrangements recommended by the pupil's healthcare professional.

Review of Support and Individual Healthcare Plans

Following a significant illness, hospitalisation, diagnosis, change in treatment or medication, the child's Individual Healthcare Plan (IHCP) will be reviewed where appropriate.

The Learning Enrichment Department will coordinate the review with parents/carers and, where necessary, relevant healthcare professionals. The First Aid Coordinator will ensure that the School's medical records and Medical Tracker are updated.

A review may also be required following a significant medical incident at School, particularly where the existing arrangements have identified a need for additional support or changes to emergency procedures.

Any changes to an IHCP, Allergy Action Plan or specialist Care Plan will be communicated to relevant staff. Where changes affect dietary or allergy arrangements, the catering provider will also be informed by the First Aid Coordinator.

Transition Between Phases and Settings

The School will consider medical, allergy and dietary needs as part of transition arrangements between Preschool, Reception and subsequent year groups, and when children move between different phases or settings.

Relevant medical information will be reviewed to ensure that arrangements remain appropriate as children become older and increasingly independent.

When a child moves to a new class, the Class Teacher and relevant Teaching Assistants will be made aware of the child's medical needs and any required emergency arrangements. The child's IHCP, Allergy Action Plan and other relevant medical information will continue to be available through the School's established medical systems.

Where a child transfers to another school or educational setting, appropriate medical information will be shared with the receiving setting, subject to parental consent and applicable data protection requirements. This will include relevant IHCPs, Allergy Action Plans, specialist Care Plans and information about medication where necessary to support a safe transition.

Information Sharing

The School will ensure that relevant medical information is shared with staff who require it to safely support the child, while maintaining appropriate confidentiality.

IHCPs and relevant medical information are held securely on the School's Medical Drive and Medical Tracker. Staff can access the information they require to support children in their care.

Class Teachers and Teaching Assistants are expected to familiarise themselves with the medical needs of children in their class. Class medical and dietary needs charts provide an additional means of identifying children with significant medical conditions, allergies and dietary or faith-based food requirements.

Changes to medical arrangements will be communicated through appropriate channels, including email, staff meetings and direct communication, depending on the nature and urgency of the change.

The First Aid Coordinator will ensure that relevant records are kept up to date and that appropriate staff are informed of changes. Where information relates to a child's allergy or dietary requirement, the catering provider will also be informed so that meal and food arrangements can be amended promptly.

Where the School's usual electronic systems are unavailable, essential information will be accessible through the School's controlled emergency medical information pack, ensuring that key emergency information remains available to staff who need it. Any temporary records created during a system outage will be transferred to the School's main medical records once normal systems are restored.

27.13 Local Forms, Templates, Records and Assurance

The School maintains a range of forms, records and systems to ensure that medical, dietary and allergy information is collected, recorded, reviewed and communicated appropriately. Records are maintained securely and are accessible to staff who require the information to support children safely.

Individual Healthcare Plans
Where a child has a chronic or significant medical condition requiring additional support, an Individual Healthcare Plan (IHCP) will be created by the Learning Enrichment Department, in conjunction with parents/carers and, where appropriate, relevant healthcare professionals.

The School's IHCP template is designed to provide a comprehensive overview of the child's individual needs and covers multiple significant areas, including:

- Individual pupil details – personal information and details of the child's medical condition.
- Emergency situations – signs, symptoms, emergency procedures and actions to be taken.
- Routine monitoring and management – any regular monitoring, treatment or support required during the School day.
- Activities and participation – considerations and adjustments required for sport, play, trips, clubs and other activities.
- Mealtimes and dietary needs – relevant dietary requirements and any considerations needed during meals and snacks.
- Impact on learning – how the medical condition may affect the child's learning, concentration, attendance or ability to participate in lessons.
- Staff training and responsibilities – any specific training required and the staff who need to be aware of or support the child.
- Pastoral and wellbeing needs – any emotional, social or pastoral support that may be required as a result of the child's medical condition.

IHCPs will be reviewed annually and whenever there is a significant change in the child's medical condition, treatment, medication or circumstances. Specialist Care Plans provided by

healthcare professionals, such as those relating to diabetes, epilepsy or severe asthma, will also be retained and incorporated into the pupil's medical arrangements where appropriate.

IHCPs are stored securely on the School's Medical Drive and Medical Tracker. The child's photograph is included on the IHCP to support identification.

Allergy Action Plans

Where a child has a severe allergy, parents/carers will be asked to complete an Allergy Action Plan. The plan will include the child's photograph and details of their allergy, symptoms, emergency medication and the actions to be taken.

A digital copy will be retained on the School's medical systems, with a copy kept with the child's auto-injectors where appropriate.

Allergy Action Plans are reviewed at the beginning of each academic year and whenever there is a change in the pupil's allergy, medication or emergency arrangements.

The School's arrangements for severe allergies are managed alongside the Allergy Safety Policy.

Medical Information and Data Collection Forms

Parents/carers are required to complete the School's Data Collection Form annually, or when a child is offered a place at the School. This applies even where a child has no known medical condition or allergy.

The form collects information relating to:

- Medical conditions.
- Allergies.
- Emergency medication.
- Dietary requirements.
- Faith-based food requirements.
- Other relevant health information.
- Parental consent for appropriate medical arrangements.

Parents/carers are expected to inform the School promptly if there is a change to their child's medical or dietary needs during the academic year.

Where information identifies a chronic condition or significant medical need, the Learning Enrichment Department will follow up with the family and, where necessary, arrange an IHCP or other appropriate plan.

Medication Consent and Administration Records

All medication provided to the School must be supplied by parents/carers and must be:

- In its original packaging.

- Clearly labelled with the pharmacy dispensing label and to include the child's name.
- In date.
- Accompanied by clear instructions for use.
- Supported by the appropriate parental consent.

Medication must be handed directly to the First Aid Coordinator and must not be sent into School in a child's school bag.

The First Aid Coordinator and deputy are authorised to administer medication to children, with the exception of unforeseen circumstances. This ensures that medication administration is controlled and consistently monitored.

All medication administered is recorded on Medical Tracker, including the medication given and the time of administration. Medical Tracker will automatically send an email notification to the parent/carer confirming the medication that has been administered.

The First Aid Coordinator is responsible for monitoring the School's medication repository and carrying out regular checks to ensure that medication remains in date and is replaced when necessary. Parents/carers are responsible for collecting medication that has expired or is no longer required.

Medical Tracker

Medical Tracker is the School's primary medical record system and is used to maintain appropriate records relating to:

- Medical incidents.
- Medication administration.
- Medical conditions.
- IHCPs and relevant medical plans.
- Allergy information.
- First aid treatment.
- Other relevant medical information.

The First Aid Coordinator is responsible for ensuring that medical records are kept accurate and up to date.

Dietary and Allergy Records

The School maintains a dietary and medical needs chart identifying children with allergies, dietary requirements and faith-based food requirements.

Relevant information is provided to the School's catering provider. The chart is accessible in the kitchen and food serving area so that catering staff can safely identify pupils and their requirements.

Children with identified dietary or allergy needs also wear a wristband at lunchtime, provided by their Class Teacher or Teaching Assistant. In EYFS and Pre-Prep, the Class Teacher and

Teaching Assistant are present at the food counter to provide a four-eyes checking process when food is selected and served.

Where dietary or allergy information changes during the year, the First Aid Coordinator will ensure that the catering provider is informed and that the relevant School records are updated.

Staff Training Records

The School maintains records of staff training, including:

- Paediatric First Aid.
- First Aid at Work and Emergency First Aid training where applicable.
- Condition-specific medical training.
- Allergy and anaphylaxis awareness.
- AED training.
- Annual medical and first aid refresher training.
- Relevant online medical and safeguarding training.

All staff working with children receive Paediatric First Aid training every three years, with annual refresher training provided through INSET and online courses.

The First Aid Coordinator monitors training records and ensures that refresher training is arranged before qualifications expire.

Incident and Accident Records

Medical incidents, accidents and first aid treatment will be recorded using the School's appropriate reporting systems.

Where medication is administered, this will be recorded on Medical Tracker. Significant accidents, medical emergencies and near misses will also be reported to the First Aid Coordinator, Head of Operations and SLT and escalated in accordance with the School's Health and Safety and safeguarding procedures.

Serious accidents and significant incidents will be reviewed to identify any trends, lessons learned or additional control measures required.

Where an incident highlights a change in a pupil's medical needs, the child’s IHCP or Allergy Action Plan will be reviewed and amended where necessary.

Emergency Medical Information

If the School's usual electronic systems are unavailable, a controlled emergency medical information pack will provide access to essential information, including significant medical conditions, severe allergies and emergency medication requirements.

Any temporary records created during a system outage will be transferred to the School's main medical systems once normal access has been restored.

Annual Review and Assurance

The School will undertake an annual review of its medical and dietary arrangements to ensure that procedures remain effective, appropriate and compliant with relevant requirements.

The review will consider:

- The effectiveness of the School's medical procedures.
- IHCPs and Allergy Action Plans.
- Medication administration and storage.
- First aid provision.
- Staff training and qualification records.
- Medical incidents, accidents and near misses.
- Emergency medication arrangements.
- Dietary and allergy management.
- Educational visit arrangements.
- EYFS medical provision.
- Any changes in legislation, guidance or School procedures.
- Feedback from parents, children and staff where appropriate.

The First Aid Coordinator and relevant members of SLT will contribute to the annual review, with findings, significant incidents, trends and recommendations reported through the appropriate governance arrangements.

Where the review identifies areas requiring improvement, an action plan will be developed, with responsibility and timescales identified to ensure that improvements are implemented and subsequently reviewed.

APPENDIX 1

LOCAL FORMS, TEMPLATES AND RECORDS

Each school shall maintain:

- IHP template;
- medication consent form;
- Data Collection Form;
- Medical Tracker;
- condition-specific clinical plans;
- training records;
- incident and near-miss records;
- local annual assurance checklist.

Recognised clinical Allergy Action Plans, allergy registers, AAI records and anaphylaxis drill records are governed by and should be linked from the SDEG Allergy Safety Policy.