THE JOHN HAMPDEN SCHOOL WENDOVER
POLICY FOR SUPPORTING PUPILS WITH MEDICAL NEEDS

This policy has been developed in accordance with the Department for Education's statutory guidance 'Supporting Pupils at School with Medical Conditions' (2015), issued under Section 100 of the Children and Families Act 2014, the Children's Wellbeing and Schools Act S.34 (2026), DfE: Allergy safety in schools (July 2026), and Keeping Children Safe in Education (2026). This policy should be read in conjunction with the school's Allergy and Anaphylaxis Policy.

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1. INTRODUCTION

2. The Governing Body of The John Hampden School Wendover will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life. To help achieve this, the school has adopted the Department for Education policy on "Supporting Pupils at School with Medical Conditions', which was issued under Section 100 of the Children and Families Act 2014.

- The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and reach their full potential.
- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.
- Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHCP, the individual healthcare plan will be linked to or become part of that statement or EHCP. The Healthcare Plan will be developed with the child's best interests in mind to ensure that the risks to the child's education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.
- The school recognises that children with special educational needs or disabilities (SEND) or certain medical or physical health conditions can face additional safeguarding challenges both online and offline. Additional barriers can exist when recognising abuse, neglect and exploitation in this group of children. Staff will ensure that indicators of possible abuse such as behaviour, mood and injury are fully explored and not automatically attributed to a child's medical condition without further investigation.
- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

2. ROLES AND RESPONSIBILITIES

2.1 The Governing Body for The John Hampden School Wendover will ensure that arrangements are in place so that children with medical conditions:

- Are properly supported;
- Can play a full and active role in school life;
- Can remain healthy and achieve their academic potential;
- Have staff who are properly trained to provide the support that pupils need;

- In line with their safeguarding duties, ensure that pupil's health is not put at unnecessary risk from, e.g. infectious diseases;
- In those circumstances, they do not have to accept a pupil at a time where it would be detrimental to the health of that child or others to do so.
- The school has appropriate medical accommodation that is suitable for medically examining and treating pupils, suitable for the short-term care of sick and injured pupils, has a washing facility, is near a toilet, and caters for pupils with complex needs. This accommodation is readily available for medical purposes as required by the School Premises (England) Regulations 2012.

2.2 The Headteacher will ensure that:

Section 2.2 - The Headteacher will ensure that:

- A person is appointed to have overall responsibility for the implementation of this policy;
- All staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- All staff including supply staff who support children with medical needs receive sufficient information to provide appropriate support;
- Individual Healthcare Plans are developed on a case-by-case basis through consultation with the pupil, their family, and the pupil's GP or paediatrician. Where consensus cannot be reached on whether a plan is needed, the Headteacher will make the final decision. Plans will be monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed. Where appropriate Healthcare Plans will be reviewed at the child's Annual Review;
- Ensure co-produced allergy specific IHPs are developed, reviewed annually; or following a change in arrangements; or following the occurrence of an incident;
- Sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- Staff training is provided by appropriate healthcare professionals and is refreshed at least every two years, or more frequently as needed. Competency is assessed through practical demonstration and observation before staff administer medication or undertake healthcare procedures;
- Commission or coordinate condition-specific training with the school nursing service and/or paediatric outreach if required;
- Sufficient numbers of staff hold current paediatric first aid qualifications to ensure coverage throughout the school day and during off-site activities;
- Sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations;
- A register of children in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler;
- Maintain allergy registers;

- All staff are trained to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms);
- At least one emergency inhaler kit is maintained and readily available in an emergency situation;
- A register of children in the school is kept who have been diagnosed with anaphylaxis and/or prescribed an epipen/auto injector;
- All staff are trained to recognise the symptoms of anaphylaxis;
- At least one emergency anaphylaxis kit is maintained and readily available in an emergency situation;
- Ensure emergency kits (salbutamol and spare ADs) are held, checked monthly and recorded;
- Staff are trained to use a defibrillator, which is maintained and readily available in an emergency situation;
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions;
- Ensure trip risk assessments reflect medical needs and that individual risk assessments are in place where required;
- All staff are aware that medical information must be treated confidentially;
- School staff are appropriately insured and are aware that they are insured to support pupils in this way.

2.3 Appointed Person

The Head Teacher has been appointed to have overall responsibility for implementing the school's policy for supporting pupils with medical conditions. They will ensure that children with medical conditions are appropriately supported, ensure cover for 1:1 in case of absence and briefing supply staff.

2.4 Transitional Arrangements

The school has made the following procedures for transitional arrangements.

- *Medical information is sought via school admission process/paperwork*
- *For children with an existing condition, parents are asked to complete a new individual healthcare plan when children are admitted to the school – these are reviewed annually*
- *When new healthcare needs arise, parents are asked to complete an individual healthcare plan which is stored securely within school*

2.5 All members of **School Staff** may be asked to provide support to pupils with medical conditions, including administering medicines.

- All members of staff should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help.
- Although administering medicine is not part of teacher's professional duties, teachers should take account of the needs of pupils with medical conditions that they teach.

- Staff must not give prescription medication or undertake healthcare procedures without appropriate training.

2.6 Pupils

- Where appropriate pupils with medical conditions will be consulted to provide information about how their condition affects them.
- Where appropriate pupils with medical conditions will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

2.7 **Parents** have the prime responsibility for their child's health. Parents include any person who is not a parent of a child but has parental responsibility for or care of a child.

- It only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact.
- Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Parents are key partners and will be involved in the development and review of the Healthcare Plan for their child. A request will be sent to parents using Template K;
- Parents should provide medicines and equipment as required by the Healthcare Plan.

Parents should:

- Bring their child's medication and any equipment into school at the beginning of the school year;
- Replace the medication before the expiry date;
- As good practice, take into school the new asthma reliever inhaler when prescribed;
- Dispose of expired items to a pharmacy for safe disposal;
- During periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day;
- Keep their children at home when they are acutely unwell;
- Parents should ensure that they or another nominated adult are contactable at all times.

3 STAFF TRAINING AND SUPPORT

- Tracey Dale, Sara Smith & Julianne Walker will ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance.
- Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views but will not be the sole trainer.
- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training for new staff will be provided on induction.
- Training will be provided by an appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs. Template G may be used to confirm staff training.
- Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions).
- The school will ensure that an appropriate number of people have attended Supporting Pupils at School with Medical Conditions training to understand council policy and to ensure medicines are appropriately managed within the school. Buckinghamshire Council recommend training at least three people to cover for sickness, absence or school trips.
- All school staff will complete specific 'Allergies and Anaphylaxis for School Staff' online training. Practice adrenaline devices (ADs) will be readily available for staff to use. Training is refreshed at least annually, or sooner if devices or guidance change or in the instance of an emergency event requiring a change to processes.

4 INDIVIDUAL HEALTHCARE PLANS (Template A)

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. The school will decide on a case-by-case basis whether an Individual Healthcare Plan is needed by consulting with the pupil, their family, and the pupil's GP or paediatrician about

the child's needs. If consensus cannot be reached, the Headteacher will make the final decision.

Individual Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate. Healthcare professionals, like the school nurse or the pupil's paediatrician, can provide advice on how a pupil's medical needs can be met.

The plan will include:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, then this will be stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements.

Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Healthcare Plans will be reviewed at least annually but some may need to be reviewed more frequently. Where appropriate the Healthcare Plan will be reviewed at the pupil's Annual Review.

5 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Parents will be asked to sign Template F to acknowledge that their child is mature and responsible to manage their own medication. This information will be recorded in the Healthcare Plan.
- Parents should be aware that if their child holds their own medication then school staff will not be recording doses that are self-administered.
- If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan.
- Parents will be contacted where a pupil is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.

Due to the age of our pupils, children at the John Hampden School Wendover are not permitted to carry their own medication with them. The medication is stored centrally and is within easy reach of an adult who is trained to administer it.

6 MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will only be given prescription or non-prescription medicines after parents have completed a consent form - Template B. (Except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases the school will encourage the pupil to involve their parents while respecting their right to confidentiality).
When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.
Medicine brought into school must be given to Tracey Dale, Sara Smith of Julianne Walker.

6.1 **Prescribed medication** the school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will be available inside an insulin pen or a pump, rather than in its original container

- Parents should note the expiry date so that they can provide a new prescription as and when required.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

Antibiotics prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken **four** times day. It is the parent's responsibility to bring and collect the antibiotic each day and to complete the necessary forms prior to medicine being administered. All medicines must be signed in and out by a parent. The same procedure applies if the child attends our Out of School Care provision.

6.2 Controlled Drugs

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence.
- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.
- School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.

List of named staff who have access to the Controlled Drugs cabinet and have agreed to administer medication and have received training.

- *Sara Smith*
- *Tracey Dale*
- *Julianne Walker*

- A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.
    - Where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required;
    - Half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut;
    - Half tablets will be returned to the parent for disposal.

- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. Templates H or I will be used to gain authorisation for administration from parents.

6.3 Non-prescription Medication

Primary Schools

Non-prescription medication will only be given in exceptional circumstances and only with the expressed permission of the Headteacher. An exception may be made for school residential visits.

The school will not keep Calpol or hay fever remedies to administer on an ad-hoc basis during the school day. Parents will be contacted if their child has a fever. If pupils require medication to control hay fever symptoms then parents will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.

Parents of children requiring non-prescription medication will be asked to come into school to administer the medicine themselves. In exceptional circumstances, if this is not possible, parents will make an arrangement with the Headteacher who will organise for a member of staff to give the medicine.

Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

6.4 Pain Relief

Pupils sometimes ask for pain relief (analgesics) at school, i.e. paracetamol tablets or liquid.

- Pain relief will only be given with the expressed consent of the Headteacher for example, for pupils returning to school after sustaining a fracture or dental treatment
- Parents will be asked to sign a consent form when they bring the medicine to school, which confirms that they have given the medicine to their child without adverse effect in the past and that they will inform the school immediately if this changes.
- The school will only administer paracetamol to those pupils requesting analgesics; generally non-prescription ibuprofen will not be given.
- If ibuprofen is the analgesic of choice then parents will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.

- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- When a pupil requests pain relief staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation. If parents are unavailable, a dose will not usually be given before 12 noon.
- A record will be made of all doses given using either Template D or E.

7 RECORD KEEPING

- The school will keep a record of all medicines administered to individual pupils, using Templates D or E stating what, how and how much was administered, when and by whom in a **bound book**. Any side effects of the medication to be administered at school will be noted.
- A second person will witness the administration of all medicines including controlled drugs.
- A record of administration of medicine will not be recorded where the pupil has taken responsibility for their own medication, e.g. asthma inhalers and take their medication, as and when it is required.
- A record will be made where medication is held by the school but self-administered by the pupil.
- The school uses CPOMS to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. All medical incidents and near misses are reviewed by the senior leadership team on a daily basis. In the event of a serious incident, a report would be logged on Assessnet.

8 SAFE STORAGE OF MEDICINES

- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- Pupils know where their medication is stored and are able to access them immediately or where relevant know who holds the key.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.
- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Staff Room (*delete as appropriate)* refrigerator, which is not accessible to pupils. A temperature log of the refrigerator will be taken during the period of storage. (Recommended temperature is between 2C & 8C.)
- Medication will never be prepared ahead of time and left ready for staff to administer.
- An audit of pupil's medication will be undertaken every half term disposing of any medication that is no longer required.

- It is the parent's responsibility to ensure their child's medication remains in date. The school will remind parents when their child's medication is due to expire.

9 DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded.
- Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.
- Sharp boxes will always be used for the disposal of needles.

10 HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

8 STEP HAND WASHING TECHNIQUES



11 DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

The school ensures that pupils with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure.

In conjunction with The Headteacher, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. The John Hampden School Wendover will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

12 SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS

12.1 Asthma

- An inventory of all pupils with asthma will be compiled;
- An Individual Healthcare Plan will be developed;
- All staff will be trained annually to recognised the symptoms of an asthma attack and know how to respond in an emergency following the guidance in Templates Q and R.
- Inhalers or relievers will be kept in the medical room in boxes which are clearly names and easily accessible.
- Trained staff will assist pupils to take their medication
- Records are kept of when asthma medication is taken and a copy of the dose and the time of administration is sent home at the end of the day
- Emergency salbutamol inhalers and spacers are kept in the medical room*;*
- Emergency salbutamol inhalers will only be given to pupils previously diagnosed with asthma whose reliever inhaler is not in school or whose inhaler has run out, who are on the register and whose parents have signed the consent form;
- All staff will know how and when to use the emergency salbutamol inhaler;
- Parents will be asked to sign Template L giving permission to administer an emergency dose(s);
- Parents will be informed of any emergency dosages given using Template M.

12.2 Anaphylaxis (Severe Allergic Reaction)

- An inventory of all pupils with anaphylaxis will be compiled
- All staff will be trained annually on the symptoms of anaphylaxis, and how to respond in an emergency
- An Individual Healthcare Plan will be developed which includes the arrangements the school will make to control exposure to allergens
- Auto-injectors (Epipens/Jext pens) are kept centrally in the medical room in a clear box with the child's name clearly visible. They are readily available in case of emergency. Epipens/Jext Pens will only be administered by a trained member of staff. The Emergency Services would be called if an Epipen/Jext Pen was administered

Emergency Adrenaline Auto Injectors (Spare devices):

- The school holds: EpiPen Adrenaline Auto Injector x 2 devices, located in: First Aid Room, stored in containers and labelled 'Emergency Anaphylaxis Kit'
- The Headteacher is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis, these checks will be recorded within Smartlog. They will secure replacements one month before the current adrenaline device expires.
- Emergency Adrenaline Auto Injectors (AAI's) will only be given to pupils previously diagnosed with anaphylaxis whose AAI is not in school or whose AAI has run out, who are on the register and whose parents have signed the consent form
- Staff will be aware of where spare ADs are located, there will be at least two locations for spare ADs across the school grounds to ensure crucial time is not lost in the event of an emergency.

Emergency Response: Within minutes of exposure to an allergen, symptoms usually come on quickly. More serious symptoms (ABC symptoms) can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing)
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness
- Action:
- Keep the individual where they are, call for help and do not leave them unattended
- **LIE** individual **FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given
- **CALL 999** and state **ANAPHYLAXIS** (ana-fil-axis)
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence **CPR**
- Call parent/carer as soon as possible
- All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

- Parents will be asked to sign Template N giving permission to administer an emergency dose(s)
- Parents will be informed of any emergency dosages given using Template O
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12.3 Epilepsy

- An Individual Healthcare Plan will be developed;

- An appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication;
- There will be a trained member of staff available ***at all times*** to deliver emergency medication. Details will be recorded on the pupil's Healthcare Plan;
- A medical room with a bed will be kept available so that if needed the pupil will be able to rest following a seizure, in a safe supervised place;
- The school will offer support with a mentoring or buddying system to help broaden an understanding of the condition;
- The school will enable students to take a full part in all outings and activities;
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, timetables;
- The school will liaise fully with parents and health professionals;
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility;
- The administration of medication will be recorded on Template H or I as appropriate;
- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency;
- If appropriate, a record will be kept of the pupil's seizures, using Template P, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team;
- Epilepsy medication will be kept centrally in the medical room in a clear box with the child's name and photograph clearly visible. It will be readily available in case of emergency. Epilepsy medication would only be administered by a trained member of staff.
- The Emergency Services will be called of epilepsy medication is administered.

12.4 Diabetes

- An Individual Healthcare Plan will be developed;
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team;
- A suitable private place will be provided for pupils to carry out blood tests and administer doses, e.g. Medical Room;
- Pupils will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- If a pupil has a hypo, they will not be left alone; a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately;

- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.
- Medication and equipment associated with the management of diabetes will be kept in a medical bag within the child's classroom or in the medical room in a box which is clearly named and easily accessible.
- Trained staff will assist pupils in the management of their condition at school in line with the information provided by parents/carers/medical practitioners within the individual healthcare plan.
- Records are kept of when procedures for the management of diabetes are undertaken and appropriate measurements recorded/actions taken.

12.5 Emergency Preparedness for Allergies

The John Hampden School Wendover will hold, at least annually, a practice response to anaphylaxis, review how the practice went and update policy and procedures if necessary. Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline devices
- practice with adrenaline trainer devices

During fire drills and lockdown practices, The John Hampden will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during a fire evacuation.

13 EMERGENCY PROCEDURES AND FIRST AID

- The school ensures that staff are trained in basic first aid, including dealing with common injuries and ailments such as head injuries.
- Staff trained in CPR and the use of defibrillators are available during the school day and on school trips. The defibrillator is located in The Medical Room and is regularly maintained and checked.
- In the event of a medical emergency, staff will:
- Assess the situation and ensure the safety of the pupil and others
- Administer appropriate first aid
- Call 999 if necessary
- Contact parents/carers
- Follow the procedures outlined in the pupil's Individual Healthcare Plan where applicable
- All emergency incidents will be recorded and parents/carers will be informed.

14 LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

15 COMPLAINTS

Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. Initial concerns should be raised with the class teacher or the Headteacher. The school will aim to resolve informal concerns within 5 working days.

If for whatever reason this does not resolve the issue, parents may make a formal complaint via the school's complaints procedure. The school will acknowledge formal complaints within 3 working days and aim to provide a full response within 15 working days.

Details of the school's full complaints procedure are available on the school website and from the school office.

16 SCHOOL PROCEDURES FOR MANAGING MEDICINES

1 Medicines should be brought to the school office by 9.00am by parents/carers, pupils or taxi drivers. The designated member of staff will ask the parent to sign the relevant consent form or check the form downloaded from the school's website.

2 The designated person will check that the

- Medicine is in its original container as dispensed by a chemist and details match those on the form;
- Label clearly states the child's:
  - First and last name;
  - Name of medicine;
  - Dose required;
  - Method of administration;
  - Tme/frequency of administration.
- Patient information leaflet is present to identify any side effects;
- Medication is in date.

3 The designated person will log the medicine in the record book and store the medicine appropriately

- Medicines requiring refrigeration will be kept in the fridge in a clean storage container;
- A daily temperature of the fridge will be taken and recorded.

4 The designated person will administer medication at the appropriate time.

5 The following procedure will be followed:

- The pupil will be asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet.
- The name of the medicine will be checked against the authorisation form and record sheet.
- The time, dosage and method of administration will be checked against the authorisation form and record sheet.
- The expiry date will be checked and read out.
- The medicine is administered.
- The record sheet is signed by the designated person and the witness. *(Controlled mediation must be witnessed by a second adult. JHSW prefers that all medication is witnessed by a second adult.)*
- Any possible side effects will be noted.
- The medicine is returned to appropriate storage.

6 If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.

7 If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.

8 At the end of the day, parents of pupil's prescribed antibiotic medication (four doses a day) should collect their child's medicine from the school office and sign it out. For children staying to the After School Club the designated person(s) will pass antibiotic medicine to the supervisor of the After School Club to return to the parents. The After School Club Supervisor will sign and date the back of the authorisation form to confirm that they have received the medicine and accept responsibility to return it to parents.

17 SAFEGUARDING AND MEDICAL NEEDS

The school recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

18 IDENTIFICATION AND MEDICAL REGISTER

Admissions Data Collection: The John Hampden School Wendover collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission through admissions forms.

Information Sharing: UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through formal records on SIMS. An allergy register which is shared with catering staff and class registers held securely in each classroom.

10 WRAP AROUND CARE

Wraparound care and teacher-led clubs are run by The John Hampden School Wendover staff, this ensures familiarity with school procedures and also knowledge of children with allergies. The allergy register will be made available to school staff running wraparound care, children's medication will be brought to the hall or club room by the class teacher or child themselves in their individual, named plastic container, these are to be returned to the child's classroom at the end of the session.

Allergy management for after school provision run by an external club is the responsibility of the club, arrangements for managing children with allergies will be agreed between the club and the parent or carer. The John Hampden School Wendover will obtain registers from each club to ensure the provider is aware of any children with medical conditions including allergies and to confirm that the club has had a discussion with the parent / carer regarding the appropriate arrangements. Staff from the external club will have specific allergy and anaphylaxis training which will be verified by The John Hampden School Wendover.

11 FOOD PROVISION

For detailed information about food provision, catering arrangements with Chartwells, and allergen management during mealtimes, please refer to the school's Allergy and Anaphylaxis Policy.

The school does not permit food that is not directly provided by the school to be brought in (for example, treats or food to celebrate birthdays.)

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Signature of Governing body

Date: November 2026

Signature of Headteacher
Date: November 2026