

### **When an ambulance is required**

- The First Aider will attend the scene.
- If another member of staff is on the scene, the First Aider will relieve them, and they will stay in a supportive measure.
- Another trained First Aider will supervise any other ill/injured students.
- Reception will be called for an ambulance to be called.
- Parents are contacted by reception and parents will be asked to come to school.
- The site staff will be radioed to meet the ambulance; this will be guided to the appropriate location in school.
- The senior member of staff on duty will be informed of the incident as soon as possible.
- The First Aider will formally hand over to the paramedics.
- If the paramedics require someone to accompany them to hospital, an appropriate member of staff will be contacted to accompany the visit.
- The First Aider will instruct all staff that they can switch back to the main channel on the radio.
- The Head of Operations is informed to complete the relevant paperwork.

### **Lunchtime/Break time Incident**

- If there is an incident outside at lunchtime or break time the nearest First Aider should respond
- The responding First Aider will contact the additional First Aider and request assistance.
- The First Aider will get another adult to supervise any sick/injured students.
- The First Aider will request assistance from senior staff or student support if required.
- If an ambulance is required, please follow the above procedure.
- Parents are contacted at the first opportunity.
- The members of staff on duty will assist in covering other areas whilst an incident is being dealt with, a senior member of staff will facilitate this if an incident occurs.



# PARENTAL CONSENT FOR ADMINISTRATION OF MEDICINES IN SCHOOL

**TO BE COMPLETED BY THE PARENT/CARER OF ANY CHILD REQUESTING THAT DRUGS BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF OR WHERE A CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF ADMINISTER**

If you need help to complete this form, please contact the school.

***Please complete in block letters***

<b>Name of School</b>	
<b>Date</b>	
<b>Child's Name</b>	
<b>Parental Contact (Daytime)</b>	
<b>Doctor's Name</b>	
<b>Doctor's Telephone Number</b>	
<b>Form Group</b>	
<b>Medical Condition/Illness</b>	
<b>Non-prescribed medicine:</b>	
<b>Name of Medicine</b>	
<b>Strength of Medicine</b>	
<b>Expiry Date</b>	
<b>Dosage and method</b>	
<b>Timing of dose</b>	
<b>Special precautions/ other instructions</b>	
<b>Number of Tablets given to school</b>	
<b>Are there any side effects that the school needs to know about?</b>	
<b>Prescribed medicine</b>	
<b>Name of Medicine</b>	
<b>Strength of Medicine</b>	
<b>Expiry Date</b>	
<b>Dosage and method</b>	
<b>Timing of dose</b>	
<b>Special precautions/ other instructions</b>	
<b>Any other instructions e.g., to be taken with food, route to be taken, e.g., oral, eardrops (each ear)</b>	
<b>Review Date:</b>	
<b>Review Completed By:</b>	
<b>*** Note: Medicines must be in the original container dispensed by the pharmacy</b>	



The above information is. To the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Child's name: \_\_\_\_\_ can administer his/her own medication\*/requires supervision to administer his/her own medicine\*/requires assistance in administering his/her medicine\*

**\* Delete that which does not apply**

I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be provided during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I can be contacted at the following address/telephone during school hours:

<b>Name:</b>	
<b>Relationship to child:</b>	
<b>Signed:</b>	
<b>Date:</b>	
<b>Contact Address:</b>	
<b>Daytime Telephone Number:</b>	
<b>I understand that I must deliver the medicine personally to:</b>	Mrs L Hodgkins

**THIS FORM SHOULD BE DISCARDED/DESTROYED WHEN THE MEDICATION IS COMPLETED OR CHANGED.**



### Sporting Activity and Educational Visits Guidance

#### Parents/carers will:

- inform the school of any changes to their child's medical needs in a timely manner.
- ensure that their child has a suitable supply of their medication.
- understand what medication needs to be taken and how it should be taken.
- ensure their child's care plan is up to date so teaching staff can be well informed about the care a student needs.
- provide the school with written notification if their child is unable to participate in sporting activities.
- share medical notification with the school if their child is unable to participate in sporting activity for prolonged periods.
- complete a consent form when their child participates on Educational Visits, ensuring the member of staff understands the medical need.

#### Staff will:

- ensure they understand student's medical needs.
- consult with parents and/or the school First Aider if they are unsure about the requirements to support students effectively.
- ensure consent forms are completed and returned before attending a visit, ensuring medical conditions are clearly outlined and understood.
- complete a suitable risk assessment identifying any specific medical conditions that may cause greater risk to the safety of staff and students participating in educational visits.

#### Principal will:

- liaise with the Educational Visits Co-ordinator to ensure the correct procedures have been followed for students with medical needs.
- liaise with the Associate Assistant Principal to ensure all students can fully access the sports curriculum (including extra curricula opportunities)
- report to the senior leadership team as required on adjustments that need to be made for students with medical needs.



### Trained First Aiders and Location of First Aid Kits

The following staff are trained in administering first aid, they are:

**Mrs L Hodgkins** (Admin Support Assistant/First Aider)  
**Mr S Kearns-Olivier** (Site Support Assistant/First Aider)  
**Mr C Evans** (Site/Facilities Manager/First Aider)  
**Mr L New** (Learning Coach/First Aider)  
**Miss J Crowther** (Curriculum Support/First Aider)  
**Miss A Cartwright** (Learning Coach/First Aider)  
**Mr L Shayler** (Learning Coach/First Aider)  
**Mr A Virgo** (Learning Coach/First Aider)

First aid kits are located in the following areas for the school:

Reception  
Science 2 no. (First Floor)  
Staffroom (Second Floor)  
Learning Coach/Personalised Support Office (First Floor)  
Kitchen

These are checked and maintained monthly by the Admin Support Assistant/First Aider.



## Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer,

### Developing an Individual Healthcare Plan for your Child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an Individual HealthCare Plan to be prepared, setting out what support each student needs and how this will be provided. Individual Healthcare Plans are developed in partnership with the school, parents, students, and the relevant Healthcare Professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of details within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Individual Healthcare Plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve **[the following people]**. Please let us know if you would like us to invite another medical practitioner, healthcare professional, or specialist and provide any other evidence you would like us to consider at the meeting, as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Healthcare Plan Template and return it, together with any relevant evidence, for consideration at the meeting. I **[or another member of staff in plan development or student support]** would be happy for you to contact me **[them]** by email or to speak by telephone if this would be helpful.

Yours sincerely



## INDIVIDUAL HEALTHCARE PLAN

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

### Clinic/Hospital Contact

Name

Phone no.

### G.P.

Name

Phone no.



Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the pupil's educational, social, and emotional needs

Arrangements for school visits/trips etc





Other information

Describe what constitutes an emergency, and the action to take if this occurs.

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Parental signature and Date

Form copied to



### Insurance and Liability Statement

The Ladder School has public liability insurance; a copy of the certificate can be found in the school reception. Our insurance covers employer's liability and public/product liability. Our policy is detailed below.

Our insurance is provided by: **Risk Protection Arrangement for Academy Trusts**

Our policy information is available on: <https://www.gov.uk/guidance/academies-risk-protection-arrangement-rpa>

Our policy was last updated on: 1<sup>st</sup> **September 2023**

For further information on the school's insurance please contact: [info@tls.merciantrust.org](mailto:info@tls.merciantrust.org)

The Ladder School does not accept liability for the administration of medication on site. For students with health care needs a care plan will be put in place. Only staff that have been trained to administer medication will be able to do so.

In the event of an allegation of negligence the claim will be bought against The Ladder School rather than an employee as an individual.



Hazard/ Activity	Persons at Risk	Risk	Control measures in use	Residual risk rating H / M / L	Further Action Required	
					YES	NO



