



NONSUCH HIGH SCHOOL FOR GIRLS

SUPPORTING STUDENTS WITH SPECIAL MEDICAL HEALTH NEEDS

Contents

1	Introduction.....	2
2	Roles and responsibilities.....	4
3	Procedures	6
4	Medicines in school.....	9
5	Emergency situations	9
6	Enrichment and Extra-curricular Activities.....	9
7	Liability and Indemnity.....	10
8	Complaints.....	10

Appendices

A	Key Staff.....	11
B	Flowchart for Developing an Individual Healthcare Plan.....	12
C	Individual Healthcare Plan Template	13-15
D	Pathways of Support for Students with Health Needs.....	16-18
E	Contacting Emergency Services	19
F	Managing Prescription Medicines in School	20-22
G	Medical Questionnaire & Contact Details Form	23-24
H	Request for School to Administer Medication Form.....	25

Reviewed and Agreed by the Nonsuch Local Governing Body:

July 2025

Next Review:

Summer 2026

Policy Notes may be subject to review and revision at any time by the Nonsuch Local Governing Body notwithstanding that the next review date has not been reached.

Review dates are for guidance only and whilst the intention is always to arrange reviews within the stated time frame all Policy Notes will remain in force until this has taken place and been formally approved by the Nonsuch Local Governing Body.

1. Introduction

This policy sets out how Nonsuch High School for Girls will support Children with Medical Health Needs, in line with statutory legislation and guidance.

This policy is written in line with the requirements of:

- [Children and Families Act 2014](#) – section 11
- [Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE DEC 2015](#)
- [0-25 SEND Code of Practice, DfE 2015](#)
- [Mental Health and Behaviour in Schools: departmental advice for school staff, DfE June 2014](#)
- [Equalities Act 2010](#)
- [Schools Admission Code, DfE 2014](#)
- [Keeping children safe in education 2024](#)
- [Working together to improve school attendance: statutory guidance for maintained schools, academies, independent schools and local authorities DfE 2024](#)

1.1. School Context

The staff at Nonsuch High School for Girls (NHSG) are committed to providing students with a high-quality education whatever their health need, disability or individual circumstances. We believe that all students should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favorably than other students.

1.2. Principles

This policy and any ensuing procedures and practices are based on the following principles.

- All children and young people are entitled to a high-quality education;
- Attendance is everyone's business, and it is essential that all partners work together to provide appropriate support that meets the needs of the child/ren and families
- Disruption to the education of children with health needs should be minimised;
- If children can be in school, they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires;
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals with responsible adjustments made.

As a school we will **not**:

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents¹, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; nor
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

1.3. Definition of Health Needs

For the purpose of this policy, students with health needs may be:

- students with **chronic or short-term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day, or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs or disabilities (SEND) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. Refer to the [GLT Special Educational Needs & Disabilities policy](#) for further information.

For the purposes of this document, the word "parent" refers to any adult with parental responsibility)

2. Roles and Responsibilities

All staff have a responsibility to ensure that all students at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

2.1. A list of names and contact details for relevant key personnel can be found in Appendix A.

The members of staff responsible for ensuring that students with health needs have proper access to education are the **Assistant Head (Pastoral)** and **Assistant Head (Director of Sixth Form)**. It will be their responsibility to pass on information to the relevant members of staff within the school and to ensure that plans are put in place to support the student. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance students' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

2.2. Parents/Carers and Students

Parents hold key information and knowledge and have a crucial role to play. Both parents and students will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies. Parents are also expected to work with the school and other partner organisations such as the early help, social care, health, voluntary and community organisations to establish a shared understanding of the medical need and support required. Parents are also expected to proactively engage with any support offered and be open in communicating information that will help improve the quality and nature of support being provided.

Parents/carers have a duty, under section 7 of the Education Act 1996, to ensure that their child of compulsory school age (5 to 16) receives an efficient full-time education either by attendance at school or otherwise even if they have a medical need.

2.3. Schools

The school will inform the Local Authority (LA) where pupils are likely to miss more than 15 days, and work with the family to ensure work is provided/provide educational provision. The school will also determine with the LA whether alternative provision should be provided under section 19 of the Education Act 1996.

The school will ask for medical evidence in instances of long term or repeated absences to assist in identifying what if any additional support the child requires to help them attend more regularly and whether the illness is likely to prevent the child from attending for extended periods, for example if they are recovering from surgery. Medical evidence does not imply an absence unless explicit in the letter/evidence. (Please see section 3.2)

The school will inform the School Nurse and seek guidance/make a referral for support. School Nurses play a critical role in supporting improved attendance and reducing chronic absence.

2.3.1. School Staff

Any member of school staff should respond accordingly when they become aware that a student with a medical condition needs help. Staff must familiarise themselves with the medical needs of the students they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency. Any medical concerns the school has about a student will be raised with the parents/carers by the Head of Year in conjunction with the SENDCo.

2.3.2. Staff training and support

In carrying out their role to support students with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting students with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

2.3.3. The Headteacher

The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of a child's condition and ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans and must make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. The Headteacher will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The Headteacher will also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

2.4. The Governing Body

The governing body is accountable for making arrangements to support students with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all students with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. They should ensure that the school's policy covers the role of individual healthcare plans and who is responsible for their development, in supporting pupils at the school with medical conditions.

Information on visits to the first aid room is reported to Governors termly.

2.5. Health Teams

Health partners should reinforce the health and wellbeing benefits gained from good school attendance and emphasise the importance of attendance for a child's long-term outcomes, whilst continuing to support health needs. They should provide advice and guidance on health needs of a child and the impact they have or may have on access to education, acting in consultation to schools and contributing to multi-agency discussions and meetings. They should work with partners to identify specific support approaches for pupils with health needs where applicable and contribute to the development of wider plans to support effective reintegration. Where health needs of family members, for example parents, carers and siblings may be impacting school attendance, health partners are required to support discussions and provide advice and guidance to families and professionals and help facilitate access to necessary support.

School health teams are responsible for notifying the school when a child has been identified as having a medical condition that will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

2.6. London Borough of Sutton (Local Authority)

London Borough of Sutton is responsible for commissioning school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, the London Borough of Sutton has a duty to promote cooperation between relevant partners (such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England) with a view to improving the well-being of children with respect to their physical and mental health, and their education, training and recreation. London Borough of Sutton provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

London Borough of Sutton should also provide education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals, such as mental health or physical health practitioners to ensure minimal delay in arranging appropriate provision for the child. They should ensure that the education children receive is of good quality, as defined in the statutory guidance Alternative Provision (2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible. They should address the needs of individual children in arranging provision. The Borough also provides STARS (Sutton Tuition and Reintegration Service) for students who need home or off-site provision due to serious medical needs.

3. Procedures

3.1. Notification

Information about medical needs or SEN is requested on admission to the school as part of the admissions paperwork. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever necessary, meetings with the parents/carers and other professionals are held before the student attends school to ensure a smooth transition. Information supplied by parents/carers is transferred to the individual's student file and is recorded on SIMS (the data management database). Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff. The Community School Nurse liaises regularly with the Assistant Heads (Student Wellbeing).

Any medical concerns the school has about a student will be raised with the parents/carers and discussed with the Community School Nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances, the school, after consultation with the parents/carers, may write a letter to the GP (with a copy to the parents) suggesting a referral to additional support services such as specialist consultants or Child and Adolescent Mental Health Services (CAMHS).

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents by the Head of Year and/or Assistant Head (Pastoral). Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Public examinations: When a pupil is approaching public examinations and may be affected by medical issues, it is the responsibility of parents/carers to inform the SENDCo. The SENDCo will liaise with the Examinations officer to apply for appropriate access arrangements as necessary.

3.2. Medical Evidence:

Medical evidence should be used to better understand the needs of the child, to identify support and reasonable adjustments that may be beneficial to support their education and recovery, and to identify appropriate provision.

We will not request medical evidence unnecessarily, particularly if the illness is one that does not require treatment by a health professional. However, if the school has a genuine doubt about the authenticity of illness, medical evidence can be requested to support the absence. Evidence may include prescriptions, appointment cards, medical letter; this list is not exhaustive.

If a medical condition is long-term, ongoing, or where the impact on learning and/or access to learning is unclear, medical evidence and/or advice and guidance from a suitable medical professional may be requested.

GPs should not provide sickness certifications for school children. However, where a condition is ongoing or long-term they can advise how the condition impacts the child and make recommendation of support they may find beneficial.

3.3. Individual Healthcare Plans

Not all children with medical needs will require an Individual Healthcare Plan (IHCP). The school, healthcare professional and parent should agree, based on evidence, when an IHCP would be inappropriate or disproportionate.

IHCPs will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flowchart for identifying and agreeing the support a child needs, and developing an IHCP, is provided in Appendix B.

IHCPs should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. When deciding what information should be recorded on an individual healthcare plan, the school will refer to section 14 of the DfE Supporting pupils with medical conditions at school guidance. This is important because different children with the same health

condition may require very different support. Templates for individual healthcare plans are provided in Appendix C.

IHCPs, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Students will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed and parents inform the school that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a support plan or EHCP, their special educational needs will be mentioned in their IHCP. Where the child has a special educational need identified in a support plan or EHCP, the IHCP will be linked to or become part of that support plan or EHCP.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the appropriate hospital school or STARS to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

3.4. Children with an EHCP

If the child has an EHC plan, school will consider communicating with the LA at an early stage once they become aware of barriers to attendance that relate to the child's needs. In many cases the school may be able to agree with parents/carers adjustments to its policies and practices that are consistent with the special educational provision set out in the EHC plan. In other cases, the additional or different attendance support identified may require the LA to review and amend the EHC plan. If the school identifies that anxiety about attending is being driven by another medical need, then they should work with the relevant health professionals and parents/carers to review that support and consider putting in place or updating an Individual Healthcare plan. The school will use their own resources such as notional budget to fund support in the first instance. The school may submit a request to the LA on a case by case basis once school funding has been exhausted, for time limited periods, and must be supported by a reintegration plan to remove barriers/support attendance.

3.5. Home Tuition

When students are too ill to attend, the school will establish, where possible, the amount of time a student may be absent and identify ways in which the school can support the student in the short term (e.g. providing work to be done at home in the first instance). The school will make a referral to STARS via the Vulnerable Pupils Panel (VPP) as soon as they become aware that a student is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, STARS and the relevant medical professionals. A flowchart of support offered for students with health needs is provided at Appendix D.

3.6. Pregnancy

Young women of compulsory school age who are pregnant are entitled to remain at school whenever, and for as long as, possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school will make a referral for provision of home tuition. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

4. Medicines in school

4.1. Self-management by students

Sixth Form students are encouraged to carry their own medicines and relevant devices. Medicines for students in years 7-11 are stored in the main school office and are administered by relevant staff. However, students in years 7-11 also carry their own EpiPens and inhalers.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the IHCP. Parents will then be informed so that alternative options can be considered.

4.2. Managing medicines on school premises

The School follows its own internal procedures as outlined in the First Aid and Medical Room Procedures, available on request from the school office. This information is shared with parents/carers through the new student induction packs and via the parental area of the school's website. It is also copied here in Appendix F for ease of reference.

5. Emergency situations

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an IHCP, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Guidance on contacting the emergency services is provided at Appendix E.

For instances of self-harm, suicidal thoughts or suicide attempts, refer to the Local Safeguarding Children Board (LSCB) self-harm protocol which can be found here: <https://www.suttonlscp.org.uk/lscp-self-harm.php>

6. Enrichment and Extra-curricular Activities

Students with medical conditions are actively supported to participate in school trips and visits, enrichment and sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will consider how a child's medical condition might impact on their participation. Arrangements for the inclusion of students in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

7. Liability and Indemnity

The school's insurance scheme provides liability cover for injury or damage as a result of the provision of first aid and administration of medication by employees acting in the course of their employment, provided the following criteria have been adhered to:

- they are an official designated first aider acting within their remit;
- they have received full training by a qualified medical person, relevant to the medication/ first aid being administered;
- they have taken the necessary refresher training courses at the required intervals; and
- they have used the protective equipment relevant for that purpose

However, it is to be noted that the school's insurance scheme outlines the following exclusions:

No claim will be paid which is directly or indirectly caused by or arising from: War; intentional self-injury; suicide or attempted suicide; any criminal/illegal act; flying as a pilot; gradually operating cause, chronic fatigue syndrome, post-traumatic stress disorder, or other anxiety disorder, any mental disorder or any disease of the nervous system.

In the event of any of the above criteria applying, parents are advised to take out their own insurance policy for the visit and asked to send details of the insurance cover to the Visits Coordinator.

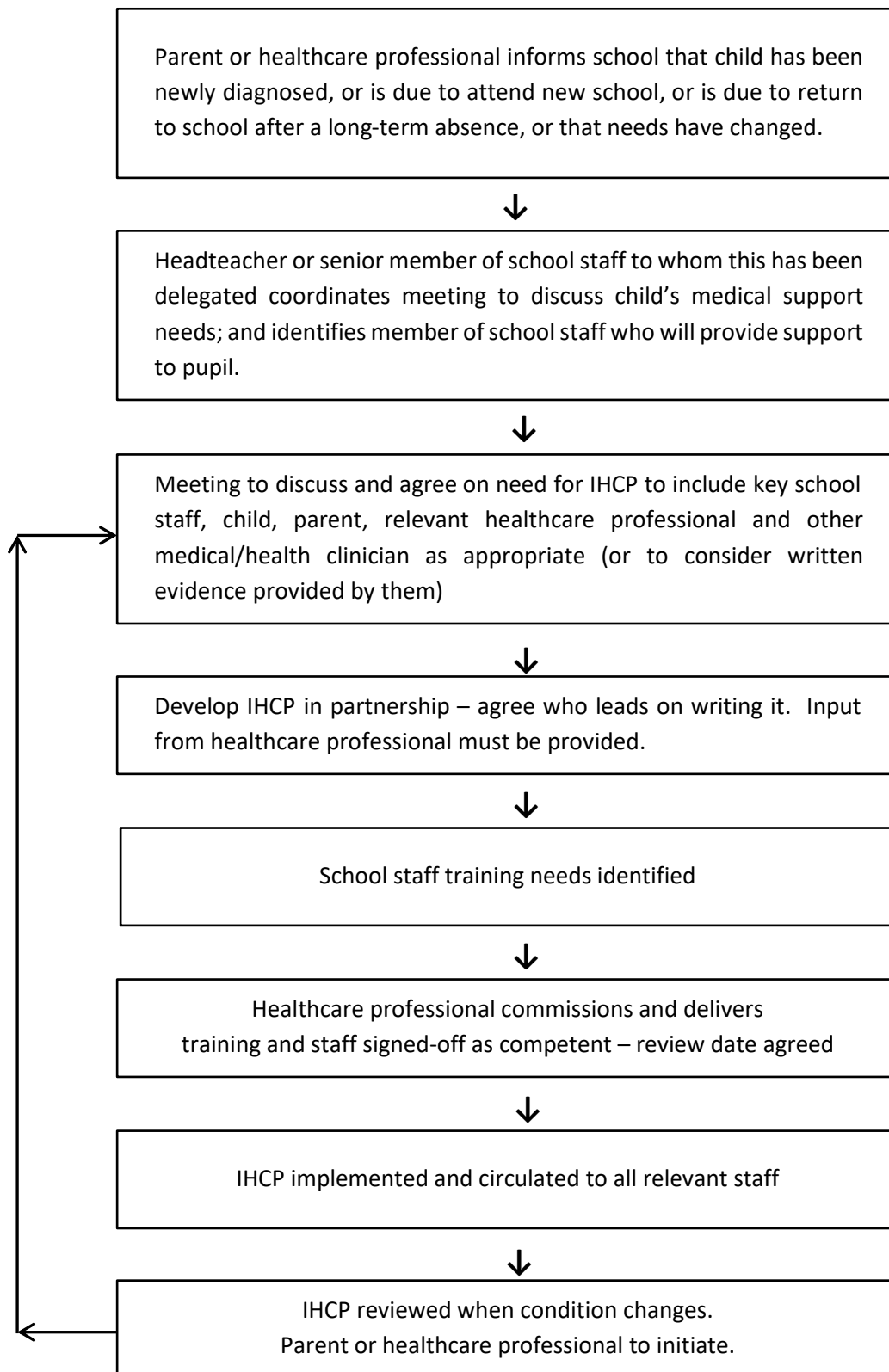
Staff providing such support are entitled to view the school's insurance policies.

8. Complaints

If parents or students are dissatisfied with the support provided, they should discuss their concerns directly with the school in the first instance. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure that can be found on the school website.

Appendix A - Key Staff

Name	Role	Contact Details
Mrs Susannah Osborne	Assistant Head Teacher: Safeguarding, Behaviour and Attitudes	pastoral@nonsuchschool.org
Miss Hannah Johns	Assistant Head Teacher (Director of Sixth Form)	sixthform@nonsuchschool.org
Mrs Alexis Williamson	Headteacher	Headteacher@nonsuchschool.org
Mrs Nicola Bond	Special Educational Needs Coordinator	SEND@nonsuchschool.org
Mrs Stephanie Morris	Student Counsellor	office@nonsuchschool.org
Mrs Joanna Coe	Pastoral Support Officer	office@nonsuchschool.org
Miss Louise Holbeche	First Aid	firstaid@nonsuchschool.org
<u>As of September 2025</u> Mrs Coralea Haskins Mrs Vicky Quinell Dr Thomas Cole Miss Hannah White Miss Kate Stead Mr Julian Coy Mrs Romy Rush	<u>Heads of Year 7-13</u> <i>HoYs of the following year groups rotate: 8-9; 10-11; 12-13</i> 7 8 9 10 11 12 13	office@nonsuchschool.org Subject: FAO HoY 7 Or other relevant Head of Year Headofyear7@nonsuchschool.org Headofyear8@nonsuchschool.org Headofyear9@nonsuchschool.org Headofyear10@nonsuchschool.org Headofyear11@nonsuchschool.org Headofyear12@nonsuchschool.org Headofyear13@nonsuchschool.org
	School Nurse School Nursing Services	office@nonsuchschool.org School Nurse telephone contact number for parents / carers: 020 8770 5409. This will go directly through to one of the School Nurses - available 09:00 - 16:00 Monday to Friday School Nurse email for children, young people and families: hcpadmin@sutton.gov.uk This will be monitored 09:00-16:00 Monday to Friday

APPENDIX: B: Flowchart for Developing an Individual Healthcare Plan

APPENDIX: C Individual Healthcare Plan Template**Individual Healthcare Plan Template****Name of school/setting**

Nonsuch High School for Girls

Child's name**Date of birth****Child's address****Medical diagnosis or
condition****Date****Review Date**

Healthcare plan will remain current until parents notify school of any changes

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.

Who is responsible for
providing support in school

First Aiders

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

SPECIFIC SYMPTOMS FOR

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:

- A trained member of staff to always accompany on any off site activities or trips.
- Any staff working with should be made aware of the medical condition and emergency procedures to take.

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

Arrangements for school visits/trips etc.:

Care plan to be taken on all visits

Follow up care:

- School staff to be aware of condition
- Parents responsible for informing school nurse and school regarding any changes to health

Plan developed with:

Staff training needed/undertaken – who, what, when

Form copied to:

Parents

School

Sutton Schools Nursing Team

Healthcare Plan completed by:

Dated:

Parents/Carers Signature:

APPENDIX D: Pathways of Support for Students with Health Needs

Nonsuch follows the pathways indicated below in order to ensure clarity and fairness of procedures. Within these pathways, all children and young people with health needs will receive consideration and appropriate support based on their individual requirements.

The criteria for home tuition support are:

- The student is a resident of the London Borough of Sutton (* for children from other Boroughs, support may well be different but the school will liaise to ensure the best provision is made available); and
- The student is of compulsory school age; and
- The student is (due to be) temporarily absent for at least 15 consecutive school days because of medical reasons, including mental ill-health.

or

- The student's long-term medical condition causes them to be absent for at least 15 days over the course of the current academic year.

and

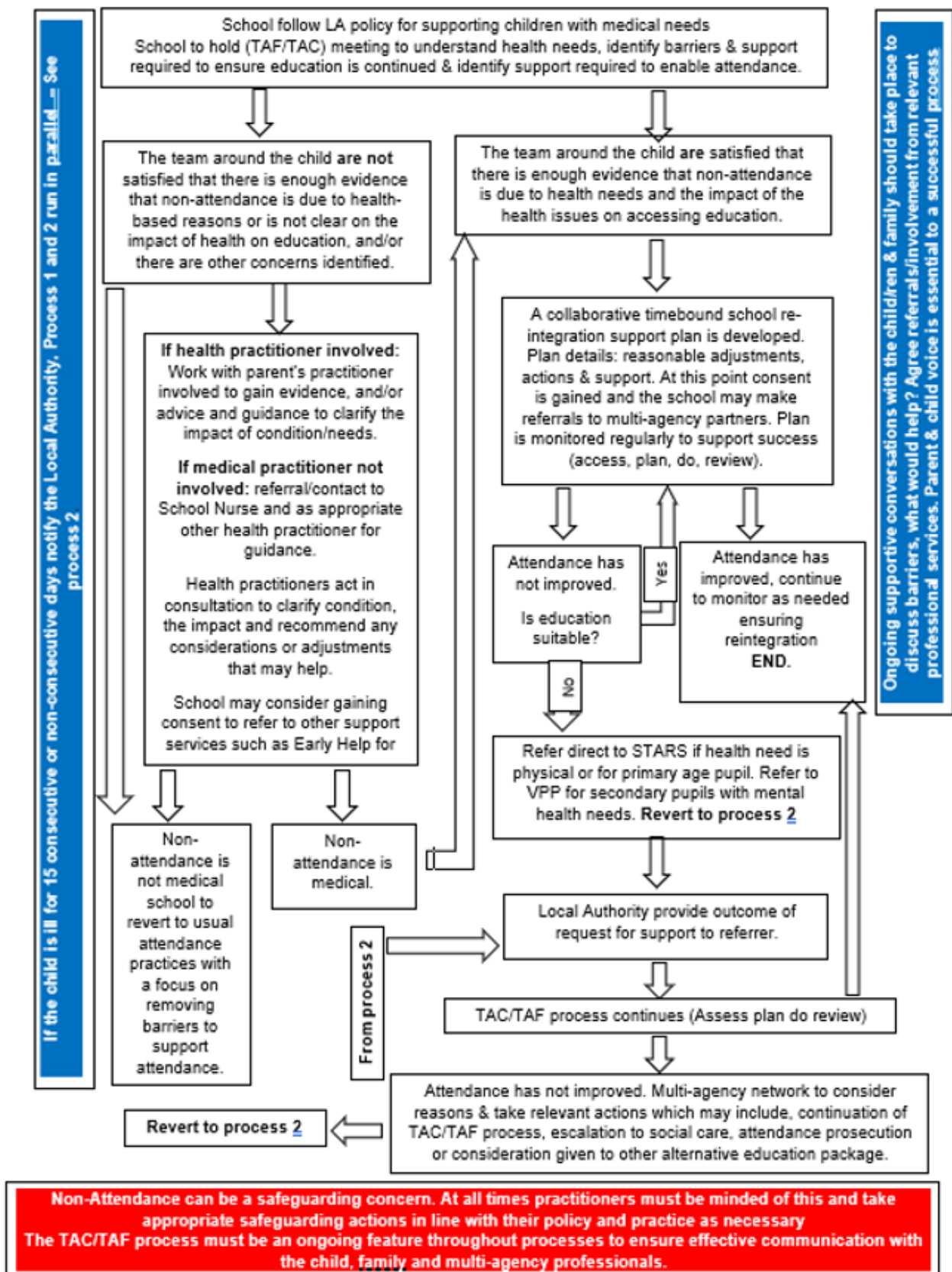
- The referral is supported by medical evidence from a specialist medical consultant of the need for home tuition (evidence from a GP is not appropriate).

The following flow charts lay out the process that the school will follow when a child has medical needs.

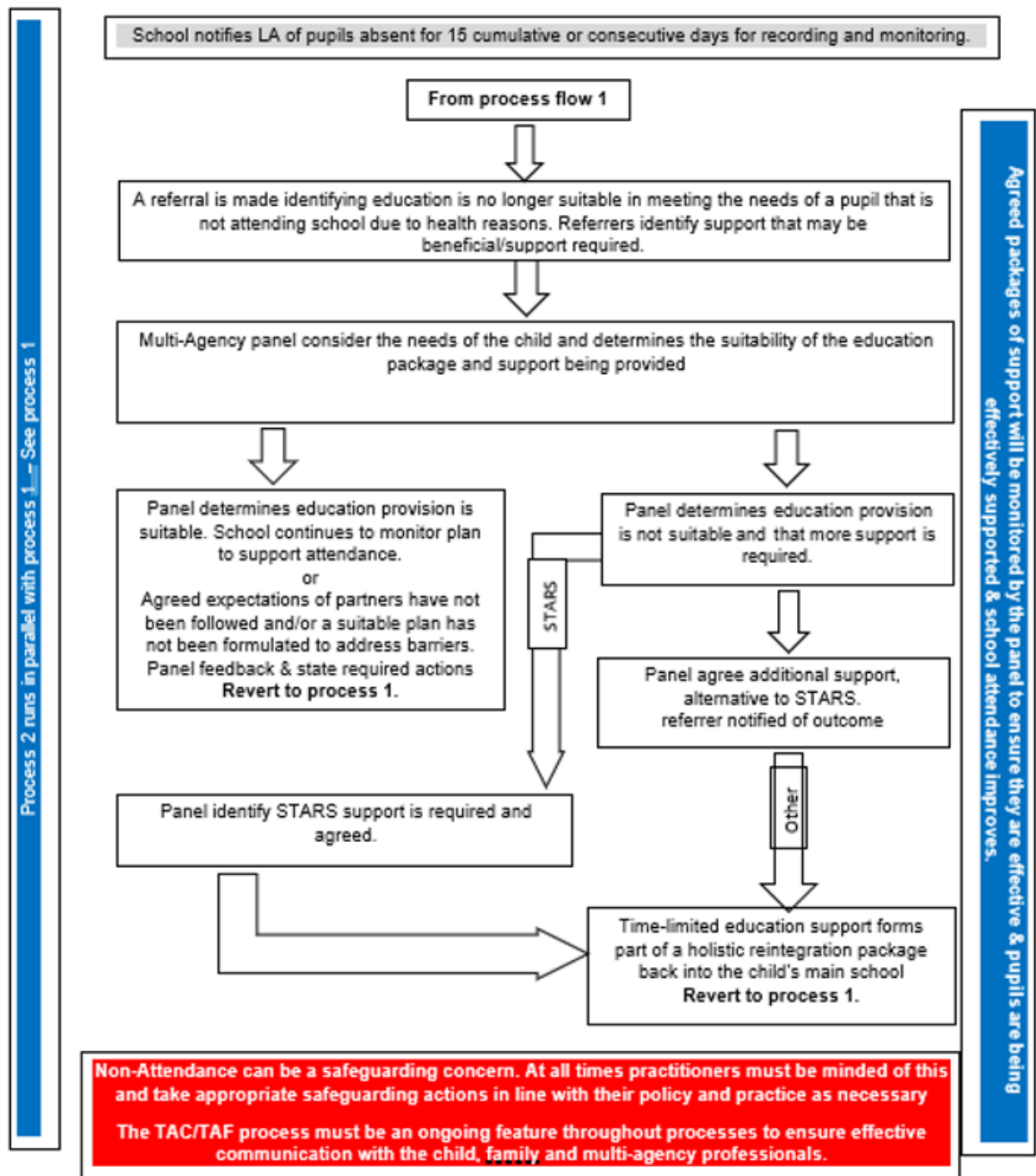
Process 1 School follows LA policy for supporting children with medical needs and holds a Team Around the Family or Team Around the School meeting.

Process 2 School notifies LA of pupils absent for 15 consecutive or cumulative days for recording and monitoring.

Process One



Process Two



APPENDIX E: Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number (school number is 020 8394 3400)
2. Your name
3. Your location as follows
[Nonsuch High School for Girls, Ewell Road, Cheam SM3 8AB]
4. State what the postcode is (SM3 8AB) – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting (i.e. room number, floor etc.)
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Inform the parents/carers of the emergency call and which hospital the ambulance is taking their child to.
9. If the parents/carers cannot accompany their child in the ambulance, then an appropriate adult from the school must do so and meet the parents/carers at the hospital.

APPENDIX F: Managing Prescription Medicines in School

1. Essential medicines

Medicine should only be brought into school when it is absolutely essential (i.e. where it would be detrimental to that student's health if the medicine were not administered during the school day). Parents should make every effort to ask the prescriber if medicines can be arranged in dose frequencies which enable it to be taken out of school hours. Medicines that need to be taken 3 times a day can be safely taken in the morning, after school hours and at bedtime.

Students should carry their own 'first response' EpiPen and/or inhaler, unless the parents/carers have informed the school of the reason why the student cannot do so. Students should try to alert staff, and/or get to the First Aid Room, if they need to use this medicine. The school will normally hold a **secondary dose** of EpiPen or asthma inhaler to be used in an emergency. School holds emergency only EpiPen and Inhalers which may be used only if the relevant consent form has been signed.

2. Parental consent to administer prescription medication

Parents should advise the school if their child needs to take prescription medicine and should complete a "Request for School to Administer Medication" form. The request form should be kept with the girl's medical questionnaire and as a linked document on SIMS, or for short courses, e.g. antibiotics, in the short course folder. The blank is available to parents/carers on the school's website or a paper copy may be obtained from the school office.

Misuse of a controlled drug, such as giving it to another student for use, is an offence. Staff should **NEVER** give a prescribed medicine to a child for whom it is not prescribed.

3. Packaging, dosage, storage and disposal

In the event that prescription medicine has to be brought into school, NHSG will only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. The medicine, together with the form (see above), should be handed into Reception.

Medicine must be provided in the **original container** as dispensed by a pharmacist and **include the prescriber's instructions for administration and dosage**. NHSG will **NOT** accept a medicine that has been taken out of its original container nor do we make changes to dosages, even on parental instructions. Parents are advised that any medicine which has expired will be disposed of safely.

All prescribed medicine must be clearly labelled with the child's name and dose of the medicine and the frequency of administration. All students taking prescribed medicine should know where it is stored and who can access it. Prescribed medicines are only to be taken **by those for whom they are prescribed**. Checks should be made before giving prescribed medicine to a student including the student's name, prescribed dose, expiry date on the container, instructions provided by the prescriber on the label or container. Where doubt exists, staff should check with parents or a health professional (GP) before taking further action.

4. Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and inform parents of the refusal as soon as possible.

Medicines, prescribed and non-prescribed, are kept in the School Office. A controlled drugs cabinet (in the First Aid Room) is provided for the storage of certain types of medicines. All

prescribed medicines are stored in accordance with product instructions (in the fridge in the First Aid Room, if required). Every prescribed medicine is clearly marked with the name of the student, and for EpiPens with a photograph. This must be thoroughly checked every time the student visits the First Aid Room.

All emergency medicines such as asthma inhalers and EpiPens should be readily accessible to staff and students and **MUST NOT** be locked away. They are kept in the First Aid Room, which is never locked, the auto injectors in an unlocked drawer and inhalers in the unlocked inhaler cupboard.

5. Record keeping

All prescription medicine administered should be recorded in the First Aid Recorder File every time it is given to a student. Controlled medication is also recorded in a Controlled Drug Recording Book.

6. Arrangements for off-site activities and visits

In preparation for a trip, all parents are sent correspondence outlining the details of the trip and offering the chance to book a place by visiting the Parent Pay website and ticking the consent box. The letter reminds parents that by ticking the consent box on Parent Pay that they declare that their daughter is fit enough to take part. It also asks that parents should use the Notes field to indicate any particular medical conditions or medication which the party leader should be aware of.

For residential trips, parents are required to complete a 'Medical Questionnaire and Contact Details' form (Appendix G). A file of photocopies of the emergency contacts sheets is given to the member of leadership responsible and the originals to the trip leader, along with care plans of any girl who has one. For students in years 7-9, any medication with a completed "Request for School to Administer Medication" form should be given to the trip leader; girls in years 10-13 may carry their own medication, as indicated on the "Medical Questionnaire and Emergency Contact Details" form.

7. MANAGING NON-PRESCRIPTION MEDICINES

7.1 Unforeseen Needs

Over recent years, NHSG has undertaken to support students by administering certain non-prescription medicines. The rationale is to try to minimise any disruption to the student's learning as a result of minor ailments, such as period pain and headaches.

Non-prescription medicines should only be administered by school staff, usually our nominated first aiders, who have up to date knowledge of the student's medical needs and only if we have written consent from the pupil's parent/carer. A record should be made and the parents should be informed.

The non-prescription medicines/products we will administer are:

- Paracetamol (for pain relief)
- Antihistamine cream (for minor rashes and insect bites)

- Piriton for allergic reactions, e.g. hayfever
- Spray for relief of insect stings
- Sanitary towels (note: parental permission is not required)
- Plasters
- Ice packs

Wherever possible, the expectation is that students will store their own non-prescription medicines/products in the first aid room locked cupboard, but in the event of a student forgetting or needing one of these medicines unexpectedly, the school holds a small stock in the First Aid Room.

7.2 Parental permission

First aiders should NEVER give a non-prescribed medicine to a student unless NHSG has specific written or verbal permission from a parent/carers (refer to templates in Appendix C). This permission form is part of the pack for new students when joining the school and once completed and returned to us, it is filed in the School Office in year group files. It contains information regarding the circumstances in which students may be given non-prescription medicine. New forms are required during year 9 or 10 and when students commence Sixth Form.

Please see first aid policy for further guidance

APPENDIX G: Medical Questionnaire & Contact Details Form



FORM C

NONSUCH HIGH SCHOOL FOR GIRLS**MEDICAL QUESTIONNAIRE AND CONTACT DETAILS**

Your child will shortly be joining a school visit that involves one or more nights away from home. The following information is required to enable the school to fulfil its statutory duties in ensuring the safety and well-being of all participants. **All information offered will be treated as strictly confidential. In addition it should be noted that the school's insurance scheme outlines the following exclusions:**

No claim will be paid which is directly or indirectly caused by or arising from: War; intentional self-injury; any criminal/illegal act; flying as a pilot; gradually operating cause, chronic fatigue syndrome, post-traumatic stress disorder, or other anxiety disorder, any mental disorder or any disease of the nervous system.

In the event of any of the above criteria applying, parents are required to take out their own insurance policy for the visit and must send details of the insurance cover to the Education Visits Coordinator, who will ensure relevant parties have a copy.

Please indicate if you need to take out separate insurance as a result of any of the exclusions above YES/NO

NAME	FORM	TRIP
Any known medical condition (including period pain & minor ailments):		
Details of any prescribed or non-prescribed medication your child will need on the trip:		
Provide all medicines clearly labelled with your child's name, dose & frequency and hand to party leader (excluding EpiPens & inhalers). Students Year 10 – 13 may carry their own medication for their own personal use – please give details.		
Details of known allergies:		
Any special dietary requirements:		
Please give any other information which you feel may be of assistance to the Party Leader for your child's well-being.		

I declare that all of the above information is correct and undertake to advise the school should my child develop any medical problem or come into contact with any infectious disease between now and the date of departure. I further declare that my child has all current inoculations as previously advised by the Party Leader.

Signature of Parent
or Carer:

Date:

Please now complete and sign the two parental declarations on the reverse



FORM C

**REQUEST FOR SCHOOL STAFF
TO ADMINISTER MEDICAL TREATMENT**

All information offered will be treated as strictly confidential.

Name of Student	
Date of Birth	
Home Address	
Home telephone	
Mobile no 1	
Mobile no 2	
Work telephone 1	
Work telephone 2	
Emergency Contact	NAME
	Telephone No.
GP's name	
GP's telephone no:	
Date of last Tetanus immunisation	

Trip: Dates:

I hereby consent that for the duration of the above visit, the supervising school staff can administer the following medication as appropriate: paracetamol; piriton; antiseptic cream; skin allergy relief cream, anti-diarrhoea medicine.

Signed Date:

If my child requires medical treatment during the visit, I hereby confirm that the supervising teacher may authorise any treatment deemed necessary by a qualified physician.

Signed Date:

APPENDIX H: Request to Administer Medication Form

NONSUCH HIGH SCHOOL FOR GIRLS

**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**All information given will be treated as strictly confidential

The School will not give your child medicine unless you complete and sign this form and the Head has agreed that school staff can administer it. Medicine will only be given in accordance with instructions on the label / packet.

Please complete a separate form for each medicine.

STUDENT DETAILS	
Surname	Form:
Forenames	
Date of Birth	
Condition/Illness	

MEDICATION	
Name/Type of Medicine (as described on container)	
Reason for giving this medicine (e.g for migraine or course of antibiotics)	
Dosage and method (? x 5ml, or ? x ?mg, not tab or spoonful)	
Expiry date	
Timing	
Special precautions	
Side effects	
Self administration	
Procedure to take in an emergency	

I understand that the medicine must be delivered personally to the Medical Room or a member of staff in the Administration Office and accept that this is a service which the School is not obliged to undertake.

PARENT/CARER NAME	
PARENT/CARER SIGNATURE	
RELATIONSHIP TO STUDENT	
DATE	

FOR OFFICIAL USE ONLY

Date request received by the School	
-------------------------------------	--