Supporting Pupils with Medical Conditions Policy and Procedures

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Version Control

Ver.	Date	Comment
1	November 2024	This Trust-model policy replaces previous individual school-based policies

This policy will be subject to ongoing review and may be amended prior to the scheduled date of the next review in order to reflect changes in legislation, statutory guidance, or best practice (where appropriate).

Contents

1. Definitions

For the purposes of this document a child, young person, pupil, or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age. As some of our pupils can be over the age 18 and thus classed as adults, if the legislation or process is different for this group we will refer to them as young adults.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g., carers, legal guardians etc.

Wherever the term 'Head' is used this also refers to any Manager with the equivalent responsibility for children.

Wherever the term 'school' is used this also refers to our satellite sites and include wrap around care provided by a setting such as After School Clubs and Summer Clubs.

2. Statement of intent

Our schools exists to provide the focus for our children to develop to their full potential, both as individuals and as members of the school and wider community in a secure, caring and happy environment. Children, parents, school staff and governors work in partnership for the benefit of all. Anyone caring for children including teachers, other school staff and day care staff in charge of children has a common law duty of care to act like any reasonable prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or acting in an emergency

As a school, we seek continually to enrich the lives of those entrusted to our care through a broad and balanced curriculum, designed to meet the needs of each child, enabling them to acquire the skills, attitudes and values necessary for life. By regular review, we evaluate progress and develop strategies on the basis of sound educational practice and moral values.

The Board of Trustees (The Board) of Eden Academy Trust has a statutory duty (under section 100 of the Children and Families Act 2014), to ensure arrangements are in place to support pupils with medical conditions.

The aim of this Policy and procedures is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education including physical education, schools sports, and physical activity (PESSPA), and achieve their academic potential. It is based on the Department for Education (DfE) document Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, will be reviewed regularly, and made accessible to pupils, parents, staff, and other adults as appropriate.

This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school.

We recognise that there are also social and emotional implications associated with medical conditions and that pupils can develop emotional disorders, such as self-consciousness, anxiety, and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. This school has a duty to comply with the Act in all such cases.

Some pupils with medical conditions may also have Special Educational Needs and/or Disabilities (SEND) with an Education, Health, and Care (EHC) plan in place bringing together provision to manage all of them. For these pupils, this Policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document Special Educational Needs and Disability: Code of Practice 0-25 Years.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils, and their parents.

3. Organisation

3.1. The Board of Trustees (the Board)

The whole Board and not any one person is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school. Trustees will ensure that:

- Pupils with medical conditions can access and enjoy the same opportunities as any other pupil.
- No pupil with a medical condition is denied admission because arrangements to manage their medical condition have not been made.
- No pupil's health is put at unnecessary risk and will reserve the right not to accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so e.g., when the pupil has an infectious disease.
- Work with the LA, health professionals, commissioners, and support services to ensure that pupils with medical conditions receive a full education is effective.
- Pupils are reintegrated effectively following long-term or frequent absence.
- The focus is on the individual needs of each pupil and what support is required to support them.
- Parents/carers and pupils can be confident in the school's ability to provide effective support.

- All members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Policies, plans, procedures, and systems are properly and effectively implemented.

The Head[1] has overall responsibility for Policy implementation.

3.2. The Head

The Head has a responsibility to ensure this Policy is developed and implemented effectively with partners. They have overall responsibility for the development of individual healthcare plans (IHCPs) and will implement arrangements to ensure that:

- This Policy is effectively communicated and implemented with all stakeholders.
- All staff are aware of this Policy and procedures and understand their role.
- Enough staff are trained and available to implement this policy, carry out the procedures, and deliver against all individual healthcare plans (IHCPs), including in emergency situations.
- Staff are appropriately insured and aware of the insurance arrangements;
- Recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported are considered.
- There is a named person in each school responsible who will liaise with the LA, parents, and other professionals in relation to children with health needs.
- Professional medical support is sought where a pupil with a medical condition requires support that has not yet been identified.

3.3. School staff

Every member of school staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so;
- Should consider the needs of pupils with medical conditions in their lessons or other work when managing risks or when deciding whether or not to volunteer to administer medicines;
- Will receive enough training to achieve the required level of competency before taking specific responsibility for supporting pupils with medical conditions;

[1] For the purpose of this policy, Head refers to Executive Head, Headteacher or Head of School/Setting/Satellite as appropriate

- Will know the signs when a pupil with a medical condition needs help and what to do in response.

3.4. Pupils

Pupils with medical conditions are often best placed to provide information about how they affect them. All pupils should, to the best of their ability:

- Be fully involved in discussions about their medical support needs if they have any.
- Contribute to the development of their IHCP, if they need one, and follow it.
- Be sensitive to the needs of all pupils with medical conditions.

3.5. Parents and carers

Parents and carers are key partners in the success of this policy and should:

- Notify the school if their child has a medical condition.
- Provide enough up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHCP.
- Carry out any agreed actions in the IHCP.
- Ensure that they, or another nominated adult, are contactable at all times.

3.6. School Nurse and / or Healthcare Plan Manager

Charleigh Rodgers – Healthcare Assistant
Michelle Nickless – NHS School Nurse
Suzannah White – NHS School Nurse

The school nursing service should:

- Notify school at the earliest opportunity, when a pupil has been identified as having a medical condition requiring support in school;
- Support staff to implement IHCPs and provide advice and training;
- Liaise with lead clinicians locally on appropriate support for pupils with medical conditions.

INSERT LOCAL ARRANGEMENTS FOR DRAWING UP A HEALTH CARE PLAN, INCLUDING THE TITLE OF THE PERSON RESPONSIBLE If appropriate to pupil understanding they should be involved in writing the plan as far as possible. The Head of School, the person with parental responsibility, the pupil (if appropriate) must all sign off the plan if in agreement. The plan must also be signed off by a suitable medical professional as the Head of School is not a medical professional.

These plans are in place to support the health of young people in school and are therefore not exhaustive of all the pupil's health needs (for example overnight medication regimes). They enable the school and pupils to manage health needs in an open and transparent way.

Families and if appropriate the pupil should be invited into school to discuss and draw up a plan, there is a proforma for inviting parents into school to discuss the plan to be used if required. It may be appropriate to invite medical professionals to this meeting.

A School Healthcare Plan is not a universal plan for all institutions; it is the plan the pupil with medical needs has that supports them at our individual schools.

- A flow chart for this process can be found in the appendix.
- The Healthcare Plan must be used as key part of any risk assessment, which involves the pupil.
- The Healthcare plan should be about enabling a pupil's school life not disabling it.
- The plan will be reviewed on at least an annual basis, sooner if the pupils needs change.

Whilst the School will be proactive in supporting and updating plans, parents bare a responsibility of informing the School about any changes in their child's condition or medication routine.

The school will ensure that Healthcare Plans are available to all staff that work with a particular pupil, and that when an appropriate risk assessment has been completed staff have read and signed that they understand and will follow the appropriate measures.

3.7. Integrated Care Boards (ICBs)

The role of ICBs is to:

- Ensure commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health, and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

3.8. Other healthcare professionals

Other healthcare professionals, including GPs and paediatricians should:

- Notify the School when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHCPs.

- Provide or signpost the provision of relevant specific support in the school for children with particular conditions, e.g., asthma, diabetes, anaphylaxis, and epilepsy.

3.9. Providers of health services

Providers of health services will need to cooperate with school, including ensuring good communication, liaising with the School's lead for health care plans and other healthcare professionals, and participating in outreach training.

3.10. Local authorities

Our Local Authority (LA):

- Commissions School Nurse and / or Healthcare Plan Managers for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health, and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

3.11. Ofsted

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social, and cultural development.

4. Arrangements and Procedures

4.1. Notification that a pupil has a medical condition

NHS School Nurse or parents will inform us if a pupil has a medical condition. If parents inform us we follow up with medical teams to confirm.

For a pupil starting at this school in the ordinary September intake, arrangements will be in place before they arrive and will be informed by their previous educational and/or care setting (if any).

For a pupil who joins this school mid-term or is an existing pupil with a new diagnosis, we will aim to ensure a draft IHCP are distributed to parent/carers and/or relevant healthcare professionals within two weeks.

For pupils leaving this school to attend another educational setting, we will appropriately inform the setting they are moving to of the pupil's needs during the transition process.

School does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion. The Head of School will make judgements based on all available evidence (including medical evidence and consultation with parents or carers).

4.1.1. Fabricated or induced illness

Fabricated illness or induced illness (FII), is a rare form or child abuse. It happens when a parent or carer exaggerates or deliberately causes symptoms of illness in a child, the diagnosis can only be carried out by a suitable medical panel.

Part of combatting this issue is ensuring that we only provide medical support or medication under the direction of a suitable medical professional.

If a member of staff has any doubts about the medical condition of a pupil, or is asked to provide medical support for a pupil that sits outside this document they should consult with the Schools designated safeguard lead.

4.2. School attendance and re-integration

Pupils with medical conditions may by definition have extended periods of time away from School because of their health. The School will be mindful on planning returns to School looking at graduated returns to School if appropriate with regular reviews. A complex medical condition however should not necessarily lead to reduced attendance.

After a period of absence through ill health, hospital education or other alternative provision there will be period of re-integration which will vary for each child, but in principle we will:

- have an early warning system to inform the LA when a child becomes at risk of missing education for 15 days in any one school year due to their health needs e.g., our regular attendance reviews informed by our knowledge of pupils' potential vulnerabilities;
- take steps to facilitate a child successfully staying in touch with school while they are absent e.g., email, newsletters, invitations to school events, approved and supervised phone, video chat or other direct contact by classmates or staff;
- plan for consistent provision during and after a period of education outside school and who/what services we have available to support us to do this - for example in what ways can we ensure the absent child can access the curriculum and materials that he or she would have used in school;
- work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence;

- make any *reasonable* adjustments to provide suitable access for the child as required under equalities legislation.

We will also consider the emotional needs of children who require re-integration and that such re-integration may not always be as a result of an absence but could be as the result of a serious or embarrassing incident at school.

For some pupils with appropriate medical advice a longer-term arrangement may be appropriate, this could be so the pupil can attend hospice services or they are simply not able to medically attend full time School. For some pupils a shortened School day may allow them to attend for a full week on a regular basis. These arrangements should be reviewed at least termly, be supported by medical professional and be individual.

4.3. Individual Healthcare Plans (IHCP)

The school, healthcare professionals and parents or carers will agree, based on evidence, whether an IHCP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Head of School makes the final decision.

The IHCP is a working document that will help school effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assesses and manage identified risks to their education, health and social wellbeing and minimise disruption.

An IHCP will cover:

- the medical condition, and may include (e.g. for epilepsy) its triggers, signs, symptoms, and treatments.
- the pupil's needs, including medicine (dose, side-effects, and storage) and other treatments, time, facilities, equipment (glucose testing, AAIs etc.), access to food and drink (when used to manage a condition), dietary requirements, and environmental issues (dust, pollen. crowds, distance between lessons etc.), allergy.
- the level of support needed, including in emergencies.
- whether a child can self-manage their medicine and how this can be supported.
- who in the school needs to be aware of the child's condition and the support required.
- Written permission from parents and the Head of School for medicines to be administered by a member of staff, or self-administered by the pupil during school hours.
- arrangements for written permission from parents and the Head of School for the school supply of emergency salbutamol, or self-administered by the pupil in an emergency during school hours or activities.

- 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 who to contact, and contingency arrangements.

If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHCPs are reviewed at least annually, when a child's medical circumstances change, or following an incident, whichever is sooner. When an IHCP update is made, the school nurse and / or healthcare plan manger should trigger a review of associated information e.g., the asthma register recording parental consent to administer the school's emergency inhaler if consent is newly given or withdrawn.

Where a pupil has an EHCP, the IHCP is linked to it or becomes part of it.

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHCP.

4.3.1. Pupils with Advanced Care Plans

Sadly, at our School some of our pupils may have life limiting conditions that require advanced care plans, and whilst attending our School we would wish to make sure like any pupil their time with us is exciting, fun and fulfilling and not governed by their condition in as much as is possible.

Pupils with a life limiting condition may have an advanced care plan, these plans are very much about planning and living, however they will talk about death and in some cases will talk about choices the family has made in light of challenging and ongoing complex health needs. The School will support families with these plans that are drawn up with health professionals, to the best of our abilities.

When the School is made aware of an Advanced Care Plan, the lead for health care plans and head of School will talk this through with staff and answer the questions that they can. Further support may possibly be provided from NHS School Nurse as well as specific consultants.

Support for staff (and pupils) is outlined in the School's bereavement policy.

4.4. Pupils managing their own medical conditions

After discussion with parents, pupils who are competent to manage their own health needs are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHCP.

Where possible, and deem safe, pupils will be allowed to carry their own medicines and relevant devices. If not, they will be stored appropriately where staff are able to access them quickly and easily.

If a pupil refuses to take a medicine or carry out a necessary procedure, staff will not force them to do so, but will record this on the administering medication form as well as inform parents. This may trigger a review of the IHCP.

If a pupil with a controlled drug passes it to another person for use, this is a criminal offence and appropriate disciplinary action will also be taken.

4.5. Training

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. This should be managed sensitively especially when staff have this associated with their job role; staff will have the responsibility of informing the School if they do not feel confident or competent in supporting young people with medical conditions, and reciprocally School will have the responsibility in supporting the member of staff in overcoming these.

The School will require a suitable medical professional to agree and sign off those staff members are competent in medical procedures; the staff member will also need to agree that they feel competent within and only within these competences. No member of staff should exceed these competencies.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Whilst first aid training may support this process it should not be seen as a competency.

The School will seek appropriate clinical advice when looking to train and support staff, whilst the School has the responsibility for ensuring this training occurs it will rely on the appropriate clinically qualified staff for sourcing, providing this training at an appropriate level and making the appropriate professional judgement on quality assurance.

Renewal of training and competencies will be dependent on advice taken from appropriate clinical staff that supports the School.

Training will be part of directed time for staff; in some cases, School may provide additional paid hours with the agreement of the staff member in order to fulfil training needs.

The School will also seek through notices and additional in-service training to raise awareness of medical conditions, and services that support pupils and their families. This is not to replace competency-based training but seeks to raise understanding, awareness and empathy for those with particular medical conditions.

Any member of school staff providing support to a pupil with medical needs will receive suitable training to fulfil their role. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions except for aspects included through specific ‘bolt on’ training that the provider is competent to deliver e.g., use of adrenaline auto-injectors (AAI).

Staff will not undertake healthcare procedures or administer medicines without appropriate training.

Staff training needs will be assessed through the development and review of IHCPs, on a termly basis for all school staff, and when staff leave, or a new staff member arrives.

Through training, staff will have the competency and confidence to support pupils with medical conditions and fulfil the requirements of IHCPs. It will help them understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

All staff will undergo 'whole school awareness' training on induction and regularly to be delivered at school by Health and Safety Co-ordinator and/or Healthcare Plan Manager. It will cover:

- Current school Policy on supporting pupils with medical conditions.
- The role of staff in implementing it.
- Whether any relevant pupils have been diagnosed with asthma, diabetes, anaphylaxis, epilepsy, or another medical condition they need support with, and our duty to be ready to support as yet undiagnosed pupils.
- How to spot a pupil experiencing an emergency.
- What to do in an emergency.
- How to find more information and resources.

Staff who administer simple oral or topical medicines will undergo 'administration awareness' training to be delivered at school by School Nurse before being asked to do so. It will cover:

- An awareness of school procedures around Fabricated or Induced Illness (FII).
- Hygiene requirements e.g., washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again; washing hands between each pupil if administering to more than one.
- Pre-administration checks e.g., having the correct record sheet and checking the medicine has not already been administered, that it is being administered at the correct time, the child's identity, child's medicine (including that the dosage, frequency etc. on parental consent form matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e., if it should be refrigerated that it was in the fridge) etc., route for administration (i.e., oral, gastrostomy etc.).
- Procedures for administration e.g. importance of witness, whether the child self-administers, the minimum assistance or supervision required , what should be done with used administration devices (spoons, oral syringes, sharps etc.), what to do if something goes wrong or a child refuses a medicine etc.
- Recording procedures.

Designated staff will undergo 'specific awareness' training on induction to relevant tasks and regularly to manage a specified condition, administer complex medicines, or carry out medical procedures to be delivered by an appropriately competent healthcare professional.

We will look to ensure it covers:

- Responding appropriately to a request for help from another member of our staff.
- Administering the medicines or procedures.
- Making appropriate records; and
- Ensuring parents are informed

If no other record of training is made, we will make one using Form Staff training record – administration of medication

The family of a child will often be key in providing relevant information about how a child's needs can be met. If families provide specific advice they will never be relied on as the sole source of advice.

Training Requirements identified staff must undertake:

- Annual emergency treatment of epilepsy training
- Annual asthma
- Anaphylaxis training
- Staff administering medication should have an annual competency check by the NHS School Nurse.
- Staff trained in enteral feeding should attend updates 2 yearly and be assessed by CCN's
- Administration of medication on induction and refreshed every three years

4.5.1. Audit

The school nurse and / or Healthcare Plan Manager with input from health and safety coordinator will complete an audit of compliance (See appendix) each term and discuss and identify learning needs with the head of school.

4.5.2. Recognising support for staff does not just mean training for staff

The Trustees recognise that working with young people with medical conditions can be emotionally challenging, not just when medication is given or when there is medical emergency but every day. These emotions may be linked to the pupil, their families or the personal experience of an individual.

If a member of staff is affected in anyway by a pupil's medical needs, that member of staff has duty to themselves and to the school as an employer to ask for support, this will be given unequivocally. Initially this can be gained through a line manager or member of the Senior Leadership Team; the support requested will not be judged.

The school has access to a staff support service through Staff Wellbeing which is anonymous and can provide support over time. This can be gained through the information given at induction or via The Admin Team. Further support or information may be gained from a GP.

4.6. Supply staff

Supply staff will be:

- Provided with access to this policy and procedures.
- Informed where all relevant medical information is stored for the pupils they will have a responsibility for.
- Covered under the school's insurance arrangements.

4.7. Managing medicines

Medicines are only to be administered at school when we have been instructed to by a relevant medical professional or a parent or carer **and** it would be detrimental to the pupil's health or school attendance not to do so.

Other policy decisions on the administration of medicines which staff must follow include that:

- Pupils under 16 must not be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. School will encourage the pupil to involve their parents while respecting their right to confidentiality.
- Pupils under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.
- the NHS recommends that all children avoid all herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the agreement of a medical professional.
- Pain relief should not be administered without first checking the school has signed consent, the maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief has been given.
- The repercussions of staff administering an underdose or overdose of a pupil's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.
- School can only accept medicines that are in-date, labelled, in the original container as dispensed by a pharmacist or sold over the counter and which contain instructions for administration, dosage and storage. Pre-loaded medicines like salbutamol cannisters and adrenaline or insulin auto-injectors must still be in date but can be accepted in the dispenser rather than the packaging.
- Parents must be informed any time medicines are administered that is not as agreed in an IHCP.

- All medicines must be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food when in an airtight and clearly labelled container. Access to the fridge holding medicines is restricted and the school has a suitable lockable fridge that is stored in the medical room.
- If deemed safe and suitable, pupils should know where their medicines are at all times and are able to access them immediately, whether in school or off-site. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- When medicines are no longer required, they are returned to parents for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- The school asthma inhalers for emergency use is stored in The Medical Room and their use is recorded. Inhalers are always used in line with medical guidance.
- Records must be kept of all medicines administered to individual pupils.

4.7.1. Controlled drugs

The supply, possession, and administration of some medicines e.g., methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. They will be managed as follows:

- Delivered and collected by trained members of staff unless this is unreasonable and agreed arrangements are in place or managed by agreement through a home-to-school transport provider.
- Stored in a non-portable, secure, container which only named staff members have access through a key sign out system with the Medical Room; however, these drugs will be easily accessible in an emergency.
- Staff can administer a controlled drug to a pupil for whom it has been prescribed and they should do so in accordance with the prescription instructions and in front of a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines but with the legible signature/initials of the staff administering them and the witness. In addition a controlled medication book (this is a statutory obligation, and books can be purchased from medical supply agents – exemplar book link) must be completed recording quantity in stock.

4.8. Record keeping and retention

School will keep a record of all medicines administered to pupils, stating what, how and how much was administered, when and by whom, with a note of any side effects experienced or refusal.

When a pupil has a course of, or on-going medicine(s), they will have an individual record sheet for each medicine. The school must have written consent before administering any medication.

When a pupil's medicine is a controlled drug, their individual record sheets will allow for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record in the Medical Room (Controlled Medication book).

When a pupil is given a medicine as a one-off e.g., pain relief, it will be recorded on a general record sheet along with such medicines administered to other children.

To ensure that only eligible and appropriately identified pupils are given the school's emergency salbutamol asthma reliever inhaler, a register of such pupils will be kept in the emergency kit in the Medical Room and in the Hubs.

When a pupil is given the school emergency inhaler, it will be recorded on the administering medication sheet. Parents should be informed about use of an asthma reliever inhaler using the Letter: Emergency Salbutamol Inhaler Use.

When a pupil has needed to use emergency AAI, parents will be informed immediately by telephone or another agreed instant communication method, and a record made.

Records relating to the administration of medicines by school staff are classed as school records as opposed to pupil records. Consent forms should be held in a separate file to the pupil file and cannot be held together. These consent forms should not be transferred to the next school or setting and is why they should be kept separate from the pupil personal file.

It is generally recommended that records for the administration of medicines signed by school staff should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff, can be securely destroyed once the child has left the school and should be held in a file separate to the pupil's personal file. Again, these administration records should not be transferred to the next or subsequent school or other educational setting.

4.9. Emergency procedures

Medical emergencies will be handled under the school's emergency procedures.

Where an IHCP is in place, it should detail:

- What constitutes an emergency; and
- What to do in an emergency.

Pupils will be involved in age and developmentally appropriate ways in our emergency procedures e.g., fetching help or equipment, and to increase community awareness, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents or carers arrive. This may mean that they will need to go to hospital in the ambulance and may need support with arrangements for their own transport back to school or home.

4.9.1. General emergency procedures

All staff should know what action to take in the event of medical emergency. If in doubt call 999 procedures include:

- Walkie talkie call for Medical or phone 999. If response is taking too long in your opinion or if you are worried shout for help as well as press the emergency response.
- All staff should make themselves aware of where their nearest emergency call response is for any location they are working in. For areas such as the playground or sensory garden where response alarms are not available then staff walkie talkie
- On being alerted to an emergency request the SLT and Healthcare Assistant will attend and bring with them the emergency case (a case containing information for pupils with health care plans and identified medical equipment). SLT and Healthcare Assistant all have mobile phone access.
- If emergency medication is required this should be administered by a trained member of staff following the pupil's healthcare plan.
- If emergency procedures for a pupil are listed in the pupil's healthcare plan these must be followed.
- If it is judged that an ambulance is required this will be done using the emergency phone, the emergency response staff will provide you directions. If any doubt about whether a pupil requires an ambulance call 999.
- The office staff member will return to the office to coordinate the arrival of the ambulance to the nearest exit for the pupil.
- Thought should be given about removing other pupils from the classroom at the earliest possible safe time.
- If a pupil needs to attend Hospital, the School will try to ensure a member of staff that knows the pupil will accompany them until a parent arrives.
- Generally if hospital attendance is necessary, an ambulance will called
- The School Office will inform parents and maintain communication with them
- A copy of the pupil's healthcare plan should be given to emergency paramedics but will be collected and returned to school.

4.9.2. Epilepsy management

In order to support pupils with Epilepsy, some members of support staff are trained to administer emergency medication.

In order to provide safe and accurate administration of emergency medication, the following principles must be maintained:

- The storage and administration of children's medication follows the school's procedures at all times.
- Procedures have been set up in partnership with The Community Children's Nursing Team and are regularly reviewed and updated.
- Staff who administer emergency medication all have the necessary training delivered to them by the Community Children's Nursing Team before they do so.
- Medication can only be administered if parental consent has been given and a care plan has been completed medication must come in its original package and must have the original label both as supplied by the Pharmacy. The label must state the following: - pupil's name, date, name of medication, dosage and clear instructions for use.
- Emergency medication must be available for use for pupils who are prescribed it at all times.

4.9.3. Procedures for the management of epilepsy

The Community Children's Nursing Team deliver appropriate training for the management and administration of medication to relevant staff.

4.9.4. Additional information

A list of expiry dates of emergency medication is kept by the Healthcare Assistant in the Medical Room. It is the parent's responsibility to ensure medication is in date although we will provide adequate notice to parents to ensure they have time to order new supplies

4.10. Asthma management

School supports all children with special educational needs and special medical needs and this includes those with asthma.

The school recognises that asthma is a widespread and serious condition and supports the view that students with asthma will not be excluded from participating in all aspects of school life.

Please refer to our separate Asthma Policy that details how we manage asthma within our setting.

4.10.1. Staff training for asthma

All staff that come in contact with students with asthma should understand what asthma is, what signs to look out for and what to do in the event of a student having an asthma attack. All staff should have training once a year from the Community Children's Nursing Team, or a member of the respiratory team.

4.10.2. Asthma medication

Asthma medication must be easily accessible at all times.

Parents are asked to supply a prescribed inhaler and a spacer device for use in school labelled for that particular student. When this expires parents are asked to provide replacements. Parents/carers have the responsibility to check inhalers are in date although school will also check.

Emergency asthma kit is available in the main office. This is for emergency use only and for those children for whom consent has been obtained.

4.10.3. Record keeping

At the beginning of the school year; or from the date that the student starts, parents are asked to complete a medical questionnaire. Parents are asked to complete a MY ASTHMA INFORMATION sheet and return this to the school.

Class teachers and staff will be aware of the students in their class who have asthma through regular training and health care plans.

School staff will record any reliever inhaler usage and will notify School Nurse and / or Healthcare Plan Manager and parents

4.10.4. Emergency inhaler kits

Kits are located in the Medical Room and are for use in the event of an emergency. The kits will contain:

- 2 In date Salbutamol inhalers
- 2 Plastic Spacers
- 1 medium facemask.
- Instruction for use of the spacer and inhaler
- Record of Administration
- List of Students authorised to use the Emergency Kit

When an emergency kit has been opened it will be returned to the Medical Room for replenishing. The emergency kits will be audited monthly and records will be kept by the SLT and / or Healthcare Plan Manager.

In the event of a known asthmatic not having their inhaler in school, they must remain in school so that the emergency kit is accessible to them should they require

4.10.5. Salbutamol inhalers

Asthma is a long-term condition that affects the airways (the tubes that carry air into and out of the lungs) and usually causes symptoms such as coughing, wheezing, and breathlessness. As many as 1 in every eleven children has asthma. If someone with asthma comes into contact with one of their asthma triggers, it can make their symptoms worse and even bring on an asthma attack making it difficult to breathe.

Now that the Human Medicines (Amendment) (No.2) Regulations 2014 allow (but do not require) schools to keep a salbutamol asthma reliever inhaler for use in an asthma emergency, governors have decided that keeping a supply will currently benefit pupils significantly.

This school is committed to supporting pupils who have been diagnosed with asthma and has developed separate Asthma Management Procedures to be followed.

In summary:

- The administration of reliever inhalers will be carried out in accordance with staff training.
- An asthma register of all pupils prescribed a reliever inhaler will be kept in the medical room and in the emergency asthma inhaler kit in the main office. This will be checked by the school nurse and or / healthcare plan manger monthly.
- Where a pupil has been prescribed a reliever inhaler, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Use of a child's own asthma reliever inhaler should be recorded and reported to parents.
- Consideration will be given to preventing and managing an asthma attack when planning all school activities on and off-site.
- School has an emergency salbutamol inhaler kit in the medical room and procedures in place to administer, maintain, and dispose of them safely.
- **Our decision to hold an emergency asthma kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional in date inhaler containing sufficient medicine for their needs.**
- A copy of the asthma register including consent to administer the school emergency salbutamol will be held with each school asthma emergency kit.
- Designated staff will be trained in how to administer the school emergency inhaler and other staff will be trained in how to seek their help in an asthma emergency.
- Parents will be informed whenever their child has used the school emergency inhaler.

4.11. Allergens

Exposure to an allergen can cause an allergic reaction resulting in life threatening anaphylaxis where the resultant swelling can stop someone from breathing. Allergens can be found in foods like shellfish, eggs, dairy etc., objects like dye in clothing, latex etc., insect stings and bites, or in the air like pollen, dust, mould, animal dander etc.

This school is committed to supporting pupils who have been diagnosed with an allergy and has developed separate Anaphylaxis Management Procedures to be followed.

4.11.1. School meal and wrap around care providers

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- A list of pupil and their associated allergies.
- Handling requests for allergen information.
- Properly labelling all foods they prepack.
- How cross contamination can occur and how to prevent it.
- The signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

4.11.2. Other food handlers

Other potential food handlers (food technology, classroom baking, cookery club, nursery and other staff serving snacks and treats etc.), will be made aware of information about the Major Food Allergens, so they can take it into account when planning any food-related activities for children with known allergies. Staff are also trained to be alert to signs that a child may have a previously unknown allergy or has developed a new one.

Staff or volunteers working with food in play, the curriculum, or other school activities will receive sufficient instruction on and follow the good practice outlined in Section 4.11.1 above in managing exposure to allergens.

4.11.3. Steps to reduce anaphylaxis risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks, and lunch boxes provided by parents for children with food allergies should be clearly identifiable for the child for whom they are intended.
- If food is obtained from the school canteen, checks on the appropriateness of foods by speaking directly to the catering manager should be done. The child should also be taught to check allergen information to the best of their ability.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-

contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.

- Food will not be given to food-allergic children without parental engagement and permission e.g., birthday parties, food treats.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g., wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g., restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).
- Careful planning for on-site and off-site activities involving potential exposure to other allergens like animal dander, latex, pollen etc.

4.12. Adrenaline Auto Injectors (AAI)

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. It usually develops suddenly, gets worse very quickly, and can be very serious if not treated quickly with adrenaline because the resultant swelling can stop someone from breathing.

Now that the Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for use in an anaphylaxis emergency, governors have decided that keeping a supply will not currently benefit pupils significantly.

This school is committed to supporting pupils who have been diagnosed with anaphylaxis and has developed separate Anaphylaxis Management Procedures to be followed.

In summary:

- The administration of AAIs will be carried out in accordance with professional medical guidance and staff training. Designated staff will be trained in how to administer a child's own AAI and other staff will be trained in how to seek the help of designated staff in an anaphylaxis emergency, and also what to do if they believe help will not come fast enough.

- The emergency services will be called when a reaction is severe even if the AAI has been administered or if a pupil is not diagnosed but seems symptomatic.
- Safe disposal arrangements are in place with sharps containers in medical room.
- An AAI register of all pupils prescribed an AAI will be kept in main office with AAI and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed an AAI, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Every use of a child's own AAI will be recorded and reported to parents including:
    - Where and when the reaction took place
    - How much medicine was given and by whom.
    - An ambulance will always be call.
- Consideration will be given to preventing and managing an allergic reaction when planning all school activities on and off-site.

There in the linked procedural document Anaphylaxis Management Procedures.

4.13. Day trips, residential visits, and sporting activities

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Through development and communication of the IHCP staff will be made aware of how a pupil's medical condition might impact on their participation in educational visits, sporting, or other activities.

Before an activity takes place, a risk assessment will be conducted to identify what reasonable adjustments should be made to enable pupils with medical conditions to have equality of access. Advice is also sought from pupils, parents/carers, and relevant medical professionals.

A pupil will only be excluded from an activity if the Head of School considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

4.14. Other arrangements

4.14.1. Enteral feeding policy

In order to support pupils who, require enteral feeds during the school day, some members of support staff are trained to administer either bolus or pump feeds via either a gastrostomy or jejunostomy. Should naso-gastric tube feed be required individual, pupil specific arrangements will be put in place with input and agreement from parents / carers, healthcare professionals and the school.

In order to provide safe and accurate administration of enteral feeds the following principles must be maintained:

- The storage and administration of pupil's feeds follows the school's procedures at all times.
- Procedures have been set up in partnership with the Community Children's Nurse Team and are regularly reviewed and updated.
- Staff who administer feeds all have the necessary training and are deemed competent before they do so.
- There is a robust system in place to ensure the competency of staff is regularly assessed. This is the responsibility of the training providers.
- Feeds can only be administered if written parental consent has been given.

Additional Information

If a pupil has difficulties tolerating enteral feeding (for example, retching, vomiting or loose stools) the feed should be temporarily stopped and reported to the SLT, parents / carers and Children's Community Nurse - for advice.

Additional water may be required in hot weather. This should be discussed with the Health Care professionals, parents, dietician or Children's Community Nurses.

4.14.2. Diabetes management

In order to support pupils with diabetes some members of support staff will be taught how to manage diabetes in school and will receive training on equipment, to test blood and administer Insulin. This training will be delivered by the Local Diabetes Nursing Team.

In order to provide safe management of a child with diabetes the following principles must be maintained:

- The storage and administration of children's medication follows the school's procedures at all times.
- Procedures have been set up in partnership with The Community Nursing Team / Diabetes Nurse and are regularly reviewed and updated.
- Staff who administer insulin and test blood all have the necessary competency training before they do so.

- There is a robust system in place, manages by the Community Nurse Team / Diabetes Nurse, to ensure the competency of staff is regularly assessed.
- An individual Health Care Plan will be devised for pupils with diabetes in agreement with parents, Paediatric Consultant, Diabetes Nurse, School and Children's Community Nursing Team and will be regularly reviewed.

4.14.3. Oral Suction

All relevant school staff are aware of pupils who may require oral suction and receive training from the Children's Community Nurses' who also monitor competence. Please note this does not encompass deep suction.

4.14.4. Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA must know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with school in consultation with the parents. In some cases, it may be appropriate to share elements of a pupil's IHCP with the transport operator.

4.14.5. Defibrillators

Sudden cardiac arrest is when the heart stops beating, and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

This school has an Automated External Defibrillator (AED) as part of our first aid equipment in the Main Reception and the community does have access to it during school hours.

We followed government recommendations in the DfE guide Automated external defibrillators (AEDs) in schools, current at the time we got it regarding the type of machine, kit, location, installation, signage, and systems of access we needed.

There is a monitoring and maintenance schedule to ensure we spot when the automatic testing detects a fault or when consumables like pads, or batteries etc. need to be replaced.

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the device.

The emergency services will always be called where an AED is used on a person or requires using.

The local NHS and ambulance service have been notified of its location.

4.15. Unacceptable practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- Prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns).
- 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.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition e.g., hospital appointments.
- Prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medicine 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; or
- 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 the child.

4.16. Insurance

School staff who agree to support pupils at school with their medical conditions and administer medicines are appropriately insured. The School holds full Indemnity and Liability Insurance to cover risks for staff and pupils. The cover is provided through the RPA, full details can be obtained on request from the School Office at any time.

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process.

The school business manager reviews insurance arrangements to ensure they remain compatible with the needs of the school. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

4.17. Complaints

If parents or pupils are unhappy with the support provided they should discuss their concerns directly with the head of school in the first instance.

If this does not resolve the issue, they can make a formal complaint through the normal school complaints procedure. The complaints procedure is available from the Eden Trust website.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Appendix X: Heading

Subheading

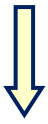
text

Appendix 1: Flowchart for writing a Health Care Plan

School is notified of a medical condition: has new medical diagnosis, is new to school, has need that have changes

Initial Healthcare Plan meeting with appropriate personnel invited and effective partnership developed around the young person. Staff identified to support the needs of the pupil.

Draft Plan drawn up



Plan is agreed with all key personnel. If not agreed a further amended draft plan is drawn up and distributed – appropriate risk assessment(s) completed

Plan is signed by appropriate parties, minimum review date set

Staff training delivered and completed, competencies met, agreed and signed off by staff, training providers and head of school

Plan is implemented and circulated to all appropriate bodies

IHCP reviewed annually. Amendments and changes can happen at any time when initiated by Parent or Healthcare professionals. Any changes must be signed off and agreed by all appropriate parties.

Appendix 2: Summoning Emergency Services: A Flowchart

To summon the emergency services dial:

999

Ask for the ambulance, fire, police, or coastguard service.

Tell the operator if more than one service is

Be ready to tell the operator:

1. **Your own name**
2. **Your telephone number where you can be reached right now, including any extension number**
3. **Accurate location and patient information which should include…**

Your location.	**Grangewood School**
Your location postcode or other location marker like a what3words.com designation	**What3Words – Motor, Hammer, Moving**
The exact location of the patient on our site.	
The name of the patient and a brief description of their symptoms.	
Confirm the best entrance for the emergency services to use and tell them they will be met and taken to the patient.	

Make sure information is passed on so that someone meets the emergency services when they arrive.

Appendix 3: Healthcare Plan Template for a Pupil with Medical Needs

Details of young person and condition(s)		
Name of child:		INSERT PHOTOGRAPH OF YOUNG PERSON
Date of birth:		
Class/form:	NHS No.:	
My preferred communication method		
Allergies		
Medical Diagnosis/Condition:		
Possible Triggers for (delete and input name):		
Signs/Symptoms for (delete and input name):		
Treatments provided for in school:		
Has the Parental Consent Form been completed? (*Medication cannot be administered without parental approval*)	Yes	No
Date:	Review date:	
Medication Needs of Child in School		
Medication:		
Dose:		
Specify if any other treatment is required		
Can the pupil self-manage his/her medication?	Yes	No
If *Yes*, specify the arrangements in place to monitor this: Indicate the level of support needed, including in emergencies: (*some children will be able to take responsibility for their own health needs*).		
Known side-effects of medication (*these are common but not exclusive – see medication packaging for details*):		

Storage requirements:		
What facilities and equipment are required at School? (*such as changing table or hoist*):		
What testing is needed at School? (*such as blood glucose levels*):		
Is access to food and drink necessary to manage the condition(s)	Yes	No
Identify any dietary requirements, flag advice and guidelines from appropriate professional:		
Identify any environmental considerations (*such as crowded corridors, travel time between lessons*):		
Action to be taken in an emergency (If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):		
Staff Providing Support		
Give the names of staff members providing support (State if different for off-site activities):		
Describe what this role entail:		
Have members of staff received training? (See staff training record for full details)	Yes	No
Where the parent or child has raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition.		
Indicate the persons (or groups of staff) in school who need to be aware of the child's condition, have read (signed for their understanding) and the support required:		
Other Requirements		
Detail any specific support for the pupil's educational, social and emotional needs: (for example, how		

absences will be managed; requirements for extra time to complete exams; use of rest periods; additional support in catching up with lessons or counselling sessions)

Emergency Contacts	
Family Contact 1	**Family Contact 2**
Name:	**Name:**
Address:	**Address:**
Work Tel.:	**Work Tel.:**
Home Tel.:	**Home Tel.:**
Mobile Tel.:	**Mobile Tel.:**
Relationship:	**Relationship:**
Clinic or Hospital Contact	***GP***
Name:	**Name:**
Address:	**Address:**
Contact Tel.:	**Contact Tel.:**
Other Professional	
Signatures	
Signed & dated *(Headteacher)*	
Signed & dated *(Appropriate Medical Professional)*	Role and Address of appropriate medical professional
Signed & dated	

(Parent or Guardian) - The above information is to the best of my knowledge accurate at the time of writing, and I will immediately inform School of any changes in writing.

Appendix 4: Parental Consent Form for School to administer medicines

The school will not give your child medicine unless you complete and sign this form. The Head of setting must also agree to permit and support any school staff who might volunteer to administer the medication with the appropriate training/instruction.

Name of school	
Name of pupil	
Date of birth	
Class	
Medical condition/illness	
Name/type of medicine	
Method of giving	
Dosage	
Timing	
For how long will your child take this medication	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Does the young person self - administer medication?	
Procedures to take in an emergency	
Medicines must be in original containers as dispensed by the pharmacy and delivered personally to the escort on school transport or given directly to school staff.	
Name (Print, sign and date)	
Telephone no.	
Relationship to pupil	

Address	

Record of Medicine Administered to an Individual Child			
Name of Pupil		**D.O.B**	
Day		**Date**	

Name of School/ Setting	
Room/ Location administered	
Name and Strength of Medicine	
Expiry Date	
Dose and Frequency of Medication (Inc. times)	
Route of administration	

Time Medication Administered		
Dose Given		
PRINTED Members of Staff Administering		
PRINTED Member of Staff Checking		
Both Staff Signatures		

Appendix 5: Audit of compliance with Schools Medicines Policy

The audit should be completed each term and be held by the Headteacher. This information must be recorded as part the settings health and safety meeting process.

Aims and objectives of audit

To ensure compliance with recommendations of Policy

To identify as a result of the audit:

- Practical changes required (e.g. whether drug storage is in accordance with the policy)
- Any staff training needs.

AUDIT FINDINGS

School:	
Date of Audit:	
Member of staff carrying out Audit: (legible)	
Signature:	
Date next audit is due:	

Tick as appropriate. If 'no', state action required	**Yes**	**No**	**Comments**
Is there a Consent form for each child whose medicines are stored in the medicine cupboard?			
Are there completed Administration of Medicines Training and Assessment Forms for all staff who administer medicines in the school?			
Are all medicines in date?			
Are all medicines cupboards locked?			
Are all emergency medicines stored in accordance with the policy			
Have there been any near misses, accidents or incidents related to the storage or administration of medication since the last audit?			

Were any learning needs identified?			

Appendix 6: Template Letter Inviting Parents to Contribute to the Development of Their Child's Individual Healthcare Plan

(Copy this template onto school headed paper and amend it to suit setting).

Dear parent or carer,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN (IHCP) 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 pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Healthcare Plan (IHCP) to be prepared, setting out what support your child needs and how this will be provided. IHCPs are developed in partnership between the school, parents, pupils, 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 IHCPs 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 detail in plans will depend on the complexity of their condition and the support needed. Please find a blank copy of the IHCP included with this letter.

A meeting to start the process of developing your child's IHCP 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:

[Insert names and relevant positions of people who will attend]

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information 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 insert another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

[Insert signature]

[Insert name and role designation]

Enclosed/also attached:

- One Supporting Pupils with Medical Conditions Policy
- One blank Individual Healthcare Plan (IHCP)

Appendix 7: Record of seizures

Pupil Name					
Date	**Time**	**Description**	**Duration**	**Further Comments**	**Observer's name**

Appendix 8: Record of medication brought in and taken off site

Name of Pupil					
Name of pupil matches medication	**Medication (expired date checked)**	**Date & Time in**	**Signature**	**Date & Time out**	**Signature**

Appendix 9: Record of medication administration

Name of young person							
Date and time of administration	**Medication name**	**Medication dose taken pharmacy from label**	**Any reactions**	**Method of administration**	**Signature of administrator**	**Signature of checker**	**Running total of medication left**

Appendix 10: Record of medication either given to or received from Escort or Family

Name of Pupil						
Name of medication	**Date**	**Returned by School**	**Received by School**	**Controlled drug**	**Staff signature**	**Family or escort signature**

Appendix 11: Gastrostomy Feed information

Please complete form and submit for attention of insert local arrangement:

If local arrangements for this record are arranged by NHS or other appropriate bodies, please replace with appropriate form according to setting requirements.

Gastrostomy Feed information	
Name	
Date of Birth	
Address	
NHS No.	
Named dietician	
School	
Name of feed	
Time feed(s) to be given	
Dose of feed	
Rate of feed	
Method (e.gg bolus, pump)	
Water flush volume pre and post feed	
Additional water requirements	
Location of spare tube	
Additional information	
This information has been verified by a dietician	
Parent or guardian name	
Signature	
Date	

Record of Pupil Health Needs				
Name	**IHCP review date**	**IHCP signed by family**	**IHCP signed by health**	**Medication dosages and times for dispensing**

This is an access sensitive document; this must be retained centrally and minimum access should granted i.e. only those that need access				