



Supporting Pupils with Medical Conditions Policy

November 2017

Contents

Introduction

The role of governing body

Policy implementation

Procedure to be followed when notification is received that a pupil has a medical condition

Individual healthcare plans

Roles and responsibilities

Staff training and support

The Child's Role in Managing their own Medical Needs

Managing Medicines on School Premises

Record Keeping

Emergency procedures

Day Trips, Residential Visits and Sporting Activities

Other issues for consideration

Unacceptable practice

Liability and indemnity

Complaints

Review

Other safeguarding legislation

Other relevant legislation

Associated resources

Appendix A: Model process for developing individual healthcare plans

Appendix B: Forms

Key Points

This policy follows the DfE statutory *Guidance for governing bodies of maintained schools*. April 2014 (updated Aug 2017). EYFS will continue to apply the Statutory Framework for the Early Years Foundation Stage.

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Introduction

We aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that school will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support we provide, we will liaise with relevant local health services. We believe it is crucial to fully consider advice from healthcare professionals and listen to and value the views of parents and pupils. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled. Where this is the case the Governing Body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

The Role of Governing Body

In meeting the duty to make arrangements to support pupils with medical conditions, functions are conferred to the Deputy Head. Help and cooperation can also be enlisted from other appropriate persons. The approach to meeting the duty will be taken in light of the statutory guidance. This will inform the school and others about what needs to be done in terms of implementation. However, the Governing Body remains legally responsible and accountable for fulfilling their statutory duty.

The Governing Body ensures that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, the Governing Body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Therefore, the Governing Body will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The governing body will ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The Governing body will ensure that the arrangements put in place are sufficient to meet their statutory responsibilities and will ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

Policy Implementation

The Governing Body will ensure that the school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Named Person for policy implementation: Pam Newton, Deputy Head

The named person is responsible for:

- ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,

- monitoring of individual healthcare plans.

Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition

- School, parents and healthcare advisors will set up a Healthcare plan to support reintegration or when pupil's needs change including arrangements for any staff training or support required.
- Transitional arrangements between schools are put in place.
- For children starting at a new school, arrangements will be in place in time for the start of the relevant school term.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- The School will not 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. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual Healthcare Plans

The named person is responsible for their development of Health Care Plans in conjunction with parents and healthcare professional in supporting pupils at school with medical conditions. Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The Academy, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided (see Appendix).

The format of individual healthcare plans may vary to enable us to choose whichever is the most effective for the specific needs of each pupil. They are easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden but 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. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the Academy, parents, and, where appropriate, healthcare professional, eg specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which we should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Academy. The Governing Body will ensure that plans

are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the Academy assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the Governing Body will consider the following:

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

Roles and Responsibilities

- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The Academy's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between Academy staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.
- Some of the most important roles and responsibilities are listed below
 - **The Governing Body** - will make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that a pupil with

medical conditions is supported to enable the fullest participation possible in all aspects of school life.

The Governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

- **Head Teacher** -will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Head Teacher will ensure that all staff who need to know are aware of the child's condition. The Head Teacher will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Head Teacher has overall responsibility for the development of individual healthcare plans. The Head Teacher will also make sure that staff are appropriately insured and are aware that they are insured to support pupils in this way. The Head Teacher will contact the school nursing service in the case of any child who has a medical condition that may require support but who has not yet been brought to the attention of the school nurse.
- **Academy staff** - any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Academy staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- **School Health Nurses** - every school has access to School Health Nursing services. They are responsible for notifying our Academy when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child is admitted. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School Health Nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.
- **Community Nursing Teams** will also be a valuable potential resource for an academy seeking advice and support in relation to children with a medical condition. See also paragraphs below about training for staff.
- **Other healthcare professionals, including GPs and paediatricians** - should notify the school health nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in school for children with particular conditions (eg asthma, diabetes).
- **Pupils** - with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

- **Parents** - should provide the Academy with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the Academy that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- **Local authorities** - are commissioners of school health nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have 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 so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with school to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
- **Providers of health services** - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- **Clinical Commissioning Groups (CCGs)** - commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with school supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004. Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- **OfSTED** - their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Staff Training and Support

Staff will be supported in carrying out their role to support pupils with medical conditions, and this will be reviewed annually or if conditions change by the Named Person. Training needs will be assessed on the

basis of the IHCP and the skills of the staff. This assessment will lead to the Head Teacher commissioning required training. The training will be provided by health care professionals involved in the IHCP.

Any member of staff providing support to a pupil with medical needs will have received suitable training. This will have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the academy, the type and level of training required, and how this can be obtained. Schools/Academies may choose to arrange training and ensure this remains up-to-date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

There will be whole academy awareness training when appropriate so that all staff are aware of the academy's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff will be included. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

Governing bodies should consider providing details of continuing professional development provision opportunities.

The Child's Role in Managing Their Own Medical Needs

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

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 individual healthcare plan. Parents should be informed so that alternative options can be considered.

Managing Medicines on Academy Premises Procedures – see policy

Record Keeping

Written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell.

Emergency Procedures

As part of general risk management processes, we have arrangements in place for dealing with emergencies.

Where a child has an individual healthcare plan, 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 pupils should know 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.

Day Trips, Residential Visits and Sporting Activities

Our Academy actively supports pupils with medical conditions to participate in trips and visits, or in sporting activities. Teachers will be made aware of how a child's medical condition will impact on their participation, but there will 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.

We will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other Issues for Consideration

Defibrillators - sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Schools are advised to consider purchasing a defibrillator as part of their first aid equipment. If schools install a defibrillator for general use they should notify the local NHS ambulance service of its location. Staff members appointed as first aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike;

Asthma inhalers -The Academy will hold asthma inhalers for emergency use.

Unacceptable Practice

Although staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
prevent children from easily accessing their inhalers and medication and administering their medication 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 this may be challenged);
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 main office or medical room unaccompanied or with someone unsuitable;
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 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; or prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including trips, eg by requiring parents to accompany the child.

Liability and Indemnity

The appropriate level of insurance is in place which covers staff providing support to pupils with medical conditions and appropriately reflects the level of risk. The insurance policies are corporately held block policies; they are not specific to a certain school.

The Insurance policy provides liability cover relating to the administration of pre-prescribed medication, but individual cover may need to be arranged for any health care procedures or staff may be required to have training. In such cases school will contact the Insurance Section at WCC for advice on cover.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the academy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Academy's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Equality Statement

At Stourport Primary Academy we are committed to ensuring equality of education and opportunity for all pupils, staff, parents and carers receiving services from the school, irrespective of race, disability, sex, sexual orientation, gender reassignment, religion or belief, pregnancy and maternity, and age (for staff only). We will adhere to the legal definitions of these protected characteristics as set out in the Equality Act 2010.

We aim to develop and maintain a culture of inclusion and diversity, in which all those connected with the school feel proud of their identity and able to participate fully in school life.

Review

This policy is reviewed annually and is readily accessible to parents and staff. It can also be found on the website.

Other Safeguarding Legislation

- Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.
- Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school.
- Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.
- Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.
- Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.
- The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. Section 3A provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. Section 2A provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.
- Governing Bodies' duties towards disabled children and adults are included in the Equality Act 2010, and the key elements are as follows:
 - They must not discriminate against, harass or victimise disabled children and young people
 - They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.

Other Relevant Legislation

- Section 2 of the Health and Safety at Work Act 1974, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.
- Under the Misuse of Drugs Act 1971 and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

- The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.
- Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).
- The Special Educational Needs Code of Practice
- Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

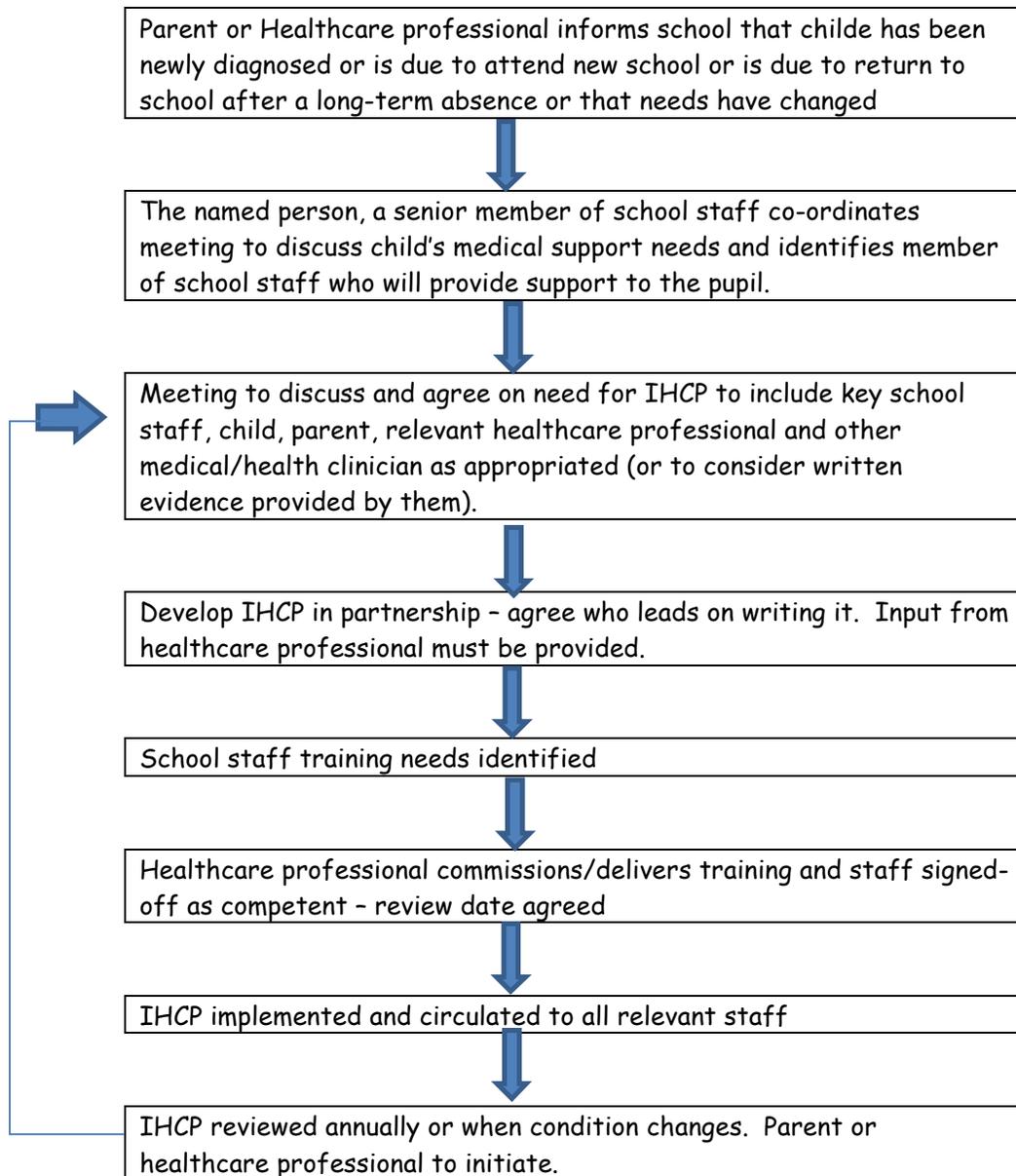
Associated Resources

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

Appendix A: Model process for developing individual healthcare plans

A flowchart showing

a process that could be followed when developing a pupil's individual healthcare plan (IHCP)



Appendix B:

Form 1: Medication permission and record: individual pupil (also found in *Managing Medicines in School policy*)

Form 2: Record of medicine administered (also found in *Managing Medicines in School policy*)

Form 3M: Stourport Primary School Individual Healthcare Plan (IHCP) for pupils with medical conditions at school

Form 4M: Template letter

Form 5M: Stourport Primary School Form Residential visits and out-of-school activities

Form 6M: Strategy and Schedule for minimising triggers for medical conditions at school

FORM 1

Medication permission and record: individual pupil

The school will not give your child medicine unless you complete and sign this form.

Name of Child: _____ Class: _____ DoB: _____

Illness/Medical condition: _____

Medicine

Date medication provided by parent: _____

Name of medication: _____

Date dispensed: _____

Dose and method: _____

Time last given (If Ibuprofen): _____

When is it taken (time of day): _____

Quantity received: _____

Expiry date: _____

Date and quantity of medication returned to parent: _____

Any other information: _____

Self-administration: YES/NO

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Day time telephone number: _____

Relationship to child: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change to the above information. I understand that I must deliver the medicine personally to the admin staff and accept that this is a service that the school is not obliged to undertake.

I have parental responsibility to sign this form.

Parent signature: _____ Print name: _____ Date: _____

Class Teacher signature: _____ Print name: _____ Date: _____

Form 3M:

Stourport Primary School Individual Healthcare Plan (IHCP) for pupils with medical conditions at school

Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

--

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

--

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Form 4M: Template letter

Dear Parent,
Re: The Healthcare Plan

Thank you for informing us of your child's medical condition. As part of accepted good practice and with advice from the department for Children, schools and Families relevant voluntary organisations and the school's governing bodies, our school has recently established a new medical conditions policy for use by all staff.

As part of this new policy, we are asking all parents of children with a medical condition to help us by completing a school Healthcare Plan for their child/children. Please complete the plan, with the assistance of your child's healthcare professional, and return it to the school. If you would prefer to meet someone from the school to complete the Healthcare Plan or if you have any questions then please contact us on 01299 822120.

Your child's completed plan will store helpful details about your child's medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child's individual condition.

Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child's medical condition or medication, this includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child's Healthcare Plan.

Thank you for your help.

Yours sincerely,

Head Teacher

Form 5M: Stourport Primary School Form Residential visits and out-of-school activities

For pupils with medical conditions at school

The school will not give your child medication unless you complete and sign this form. Please complete this form for medication that your child will need on the visit no earlier than seven days before the start of the visit.

For more than two types of medication repeat the next page.

Contact details

Name _____ Relationship to pupil: _____

Phone (day) _____ Phone (evening) _____

Address: _____

Postcode: _____

Date(s) of visit: _____

Visit destination: _____

Class: _____

Date of Birth: _____

Medical condition/illness: _____

<p>Medication 1</p> <p>Name/type of medication (as described on the container)</p> <hr/> <hr/> <p>Expiry date: _____</p> <p>Dose and method of administration</p> <hr/> <p>When is it taken (time of day)?</p> <hr/> <p>Are there any contraindications (Signs when this medication should not be given)?</p> <hr/> <hr/> <hr/> <p>Are there any side effects that the school needs to know about?</p> <hr/> <hr/> <p>Self-administration: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision</p> <p>Staff member's name</p> <hr/> <p>What to do in an emergency</p> <hr/> <hr/> <hr/>	<p>Medication 2</p> <p>Name/type of medication (as described on the container)</p> <hr/> <hr/> <p>Expiry date: _____</p> <p>Dose and method of administration</p> <hr/> <p>When is it taken (time of day)?</p> <hr/> <p>Are there any contraindications (Signs when this medication should not be given)?</p> <hr/> <hr/> <hr/> <p>Are there any side effects that the school needs to know about?</p> <hr/> <hr/> <p>Self-administration: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision</p> <p>Staff member's name</p> <hr/> <p>What to do in an emergency</p> <hr/> <hr/> <hr/>
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Strategy and Schedule for minimising triggers for medical conditions at school

Trigger	Where trigger affects pupils	When trigger affects pupils	Action to take	Person responsible	If action is ongoing who's responsible to ensure it continues to happen

