



Abbey College, Ramsey

Supporting Pupils with Medical Conditions Policy

Policy Developed by: Melanie Hyde – Business Manager

Last Policy Review by: Gary Gregory – Student Support Manager
Reviewing committee: Learner Progress and Engagement

Frequency of Review: Every 2 years

Date last reviewed: 17th May 2022

Date Approved: 14th June 2022

To be reviewed: May 2024

Contents:

Statement of intent

1. Legislative framework
2. The role of the governing body
3. The role of the Headteacher
4. The role of parents/carers
5. The role of pupils
6. The role of school staff
7. The role of clinical commissioning groups (CCGs)
8. The role of other healthcare professionals
9. The role of providers of health services
10. The role of the LA
11. The role of Ofsted
12. Admissions
13. Notification procedure
14. Staff training and support
15. Self-management
16. Supply teachers and staff absence
17. Individual healthcare (IHC) plans
18. Managing medicines
19. Record keeping
20. Adrenaline auto injectors (AAIs)
21. Emergency procedures
22. Day trips, residential visits and sporting activities
23. Unacceptable practice
24. Liability and indemnity
25. Complaints
26. Home-to-school transport
27. Defibrillators
28. Policy review

Appendices

- a) Individual Healthcare Plan Implementation Procedure
- b) Individual Healthcare Plan
- c) Parental Agreement for the School to Administer Medicine
- d) Staff Training Record – Administration of Medication
- e) Contacting Emergency Services
- f) Letter Inviting Parents/Carers to Contribute to Individual Healthcare Plan Development
- g) Incident Reporting Form

Statement of intent

The governing body of **Abbey College, Ramsey** has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy 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 school trips and physical education) and achieve their academic potential.

Abbey College, Ramsey believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupil's feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions 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. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have a statement or education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

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/carers.

1. Legislative framework

1.1. This policy has due regard to legislation including, but not limited to:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The NHS Act 2006
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

1.2. This policy also has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'First aid in schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'

2. The role of the Governing Body

2.1. The governing body:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that 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.

- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2. **SENCO** holds overall responsibility for policy implementation.

3. The role of the Headteacher

3.1. The Headteacher:

- Ensures that this policy is effectively implemented with partners.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare (IHC) plans, including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHC plans.
- Ensures that the school has appropriate insurance cover.
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

4. The role of parents/carers

4.1. Parents/carers:

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

5. The role of pupils

5.1. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHC plan.
- Are sensitive to the needs of pupils with medical conditions.

6. The role of school staff

6.1. School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, subject to training requirements.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

7. The role of clinical commissioning groups (CCGs)

7.1. CCGs:

- Ensure that 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.
- Supports staff to implement IHC plans and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

8. The role of other healthcare professionals

8.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the SENCo when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHC plans.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

9. The role of providers of health services

- 9.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

10. The role of the LA

- 10.1. The LA:

- 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 IHC plans can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

- 10.2. Where a child 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.

11. The role of Ofsted

- 11.1. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.
- 11.2. 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.

12. Admissions

- 12.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 12.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

13. Notification procedure

- 13.1. When the school is notified that a pupil has a medical condition that requires support in school, the **SENCo** informs the **Headteacher**. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHC plan (outlined in detail in section 17).
- 13.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made

by the **Headteacher** based on all available evidence (including medical evidence and consultation with parents/carers).

- 13.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- 13.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

14. Staff training and support

- 14.1. Any staff member providing support to a pupil with medical conditions receives suitable training.
- 14.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 14.3. Training needs are assessed by the **SENCO** the development and review of IHC plans, on a **termly** basis for all school staff, and when a new staff member arrives through the induction process.
- 14.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 14.5. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 14.6. Training is commissioned by the **Headteacher** and provided by the following bodies:
 - Commercial training provider
 - NHS Specialist Nurse
 - Parents/carers of pupils with medical conditions
- 14.7. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 14.8. The governing body will provide details of further continuing professional development opportunities for staff regarding supporting pupils with medical conditions.

15. Self-management

- 15.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHC plan.

- 15.2. Where possible, pupils are allowed to carry their own medicines and relevant devices.
- 15.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 15.4. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHC plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- 15.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our **Behaviour Policy**.

16. Supply teachers and staff absence

- 16.1. Supply teachers are:
 - Provided access to this policy.
 - Informed of all relevant medical conditions of pupils in the class they are providing cover for.
 - Covered under the school's insurance arrangements.

17. Individual healthcare (IHC) plans

- 17.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHC plan is required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the **Headteacher** makes the final decision.
- 17.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process.
- 17.3. IHC plans include the following information:
 - The medical condition, along with its triggers, symptoms, signs and treatments.
 - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
 - The support needed for the pupil's educational, social and emotional needs.
 - The level of support needed, including in emergencies.
 - Whether a child can self-manage their medication.
 - Who will provide the necessary support.
 - The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively.

- Cover arrangements for when the named supporting staff member is unavailable.
 - Who needs to be made aware of the pupil's condition and the support required.
 - Arrangements for obtaining written permission from parents/carers and the Headteacher for medicine to be administered by school staff or self-administered by the pupil.
 - Separate arrangements or procedures required during school trips and activities.
 - Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
 - What to do in an emergency, including contact details and contingency arrangements.
- 17.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHC plan.
- 17.5. IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 17.6. IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 17.7. Where a pupil has an Education, Health and Care Plan (EHCP) or special needs statement, the IHC plan is linked to it or becomes part of it.
- 17.8. Where a child has SEND but does not have a statement or EHCP, their SEND should be mentioned in their IHC plan.
- 17.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHC plan identifies the support the child needs to reintegrate.
- 17.10. IHC plans are developed with the pupil's best interest in mind, ensuring that risks to the pupil's education, health and wellbeing are managed to minimise disruption.

18. Managing medicines

- 18.1. In accordance with the school's **Administering Medication Policy**, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 18.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.

- 18.3. Non-prescription medicines may be administered in the following situations:
- When it would be detrimental to the pupil's health not to do so
 - When instructed by a medical professional
 - During break and lunchtimes only to reduce impact on the child's participation in lessons and activities.
- 18.4. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- 18.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 18.6. Parents/carers are informed any time medication is administered that is not agreed in an IHC plan.
- 18.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 18.8. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed who holds the key to the relevant storage facility.
- 18.9. When medicines are no longer required, they are returned to parents/carers or safely disposed of via a local pharmacy. Sharps boxes are always used for the disposal of needles and other sharps.
- 18.10. **Controlled drugs are stored in the Student Support Hub** in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 18.11. The school holds asthma inhalers for emergency use. The inhalers are stored in **Student Support Hub** and their use is recorded. Inhalers are always used in line with the school's Asthma Policy.
- 18.12. Staff may administer a controlled drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 18.13. Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

19. Record keeping

- 19.1. In accordance with paragraphs 18.10, 18.11, 18.12 and 18.13, records (written or electronic) are kept of all medicines administered to children.

- 19.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.
- 19.3. Appropriate forms for record keeping can be found in our **Administering Medication Policy**.
- 19.4. In line with the increasing use and benefits of technology, records may be kept using a suitably secure, auditable and robust Incident Management (electronic medication record keeping system). However controlled drug administration will always be recorded in the Controlled Drugs Register in the First Aid Room. Where used a system will capture and record the same information as in the forms in our **Administering Medication Policy**.

20. Adrenaline auto-injectors (AAIs)

- 20.1. The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy.
- 20.2. A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in the emergency Anaphylaxis kit for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 20.3. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 20.4. Pupils who have prescribed AAI devices are able to keep their device in their possession.
- 20.5. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.
- 20.6. In the event of anaphylaxis, a designated staff member will be contacted via a radio (Channel 2), phone or by runner.
- 20.7. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 20.8. If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the pupil needs restraining.
- 20.9. The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches. In the event of national supply problems, on advice of the school nurse service, out of date AAIs will be kept and used as a last resort. But only until new replacements have been received.
- 20.10. The spare AAI will be stored in the **Staff Room South Side**, ensuring that it is protected from direct sunlight and extreme temperatures.

- 20.11. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- 20.12. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 20.13. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 20.14. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 20.15. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.
- 20.16. Where any AAIs are used, the following information will be recorded on the AAI Record:
- Where and when the reaction took place
 - How much medication was given and by whom
- 20.17. For children aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.
- 20.18. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use. Typically used AAIs should be handed to any ambulance paramedics in attendance.
- 20.19. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will consider taking the spare AAI in case of an emergency.

21. Emergency procedures

- 21.1. Medical emergencies are dealt with under the school's emergency procedures.
- 21.2. Where an IHC plan is in place, it should detail:
- What constitutes an emergency.
 - What to do in an emergency.
- 21.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.
- 21.4. If a pupil needs to be taken to hospital, a member of staff remains with the child until their parents/carers arrive.
- 21.5. When informing emergency services of a medical emergency which requires the attendance of an ambulance the correct information should be given, i.e. post code and address of the school.

22. Day trips, residential visits and sporting activities

- 22.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 22.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
- 22.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

23. Temporary Individual Health Care Plans

- 23.1. In some cases where a child's medical condition is temporary (reasonably expected to last less than four weeks (such as cases of recovery from accident or operation) or when immediate plans are necessary to be put in place whilst a full IHCP is put in place, the Head Of Year may implement a Temporary Individual Health Care Plan, reviewed and agreed by the First Aid Lead. Temporary Individual Health Care Plans must:
 - Incorporate any written medical advice from health care professionals, in full.
 - Acknowledge and incorporate the views of the pupil and/or their parents/carers.
 - Not last more than four weeks, and may only be extended if the condition or needs of the child has changed. Otherwise a full Individual Health Care Plan process must be followed.
 - Include all the same information as an Individual Health Care Plan.

24. Medication administration times.

- 24.1. It is always our priority to ensure children remain in normal lessons and school activities and as such non-prescription medication is only dispensed during break and lunchtimes.
- 24.2. In accordance with prescribing guidelines for healthcare professionals, prescribed medication timing should allow medication to be given at break and lunchtimes to avoid disruption to the child's education. As such the school, only administers prescription medication at break or lunch times, unless specific times are documented in the IHCP or the medication is

required to be administered within a set period of; the child eating/not eating and/or taking another prescribed medication.

25. Unacceptable practice

25.1. The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and prescribed medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
- Send an unwell pupil to the **Student Support Hub** alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to children participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

26. Liability and indemnity

26.1. The Governing Body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

26.2. The school holds an insurance policy with **Zurich Municipal Insurance** covering **liability relating to the administration of medication**. The policy has the following requirements:

- All staff must have undertaken appropriate training.

26.3. The school holds an insurance policy with **Zurich Municipal Insurance** covering **healthcare procedures**. The policy has the following requirements:

- All staff must have undertaken appropriate training.

26.4. All staff providing such support are provided access to the insurance policies.

- 26.5. In the event of a claim alleging negligence by a member of staff, civil actions may be brought against the school, not the individual.

27. Complaints

- 27.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 27.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.
- 27.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 27.4. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

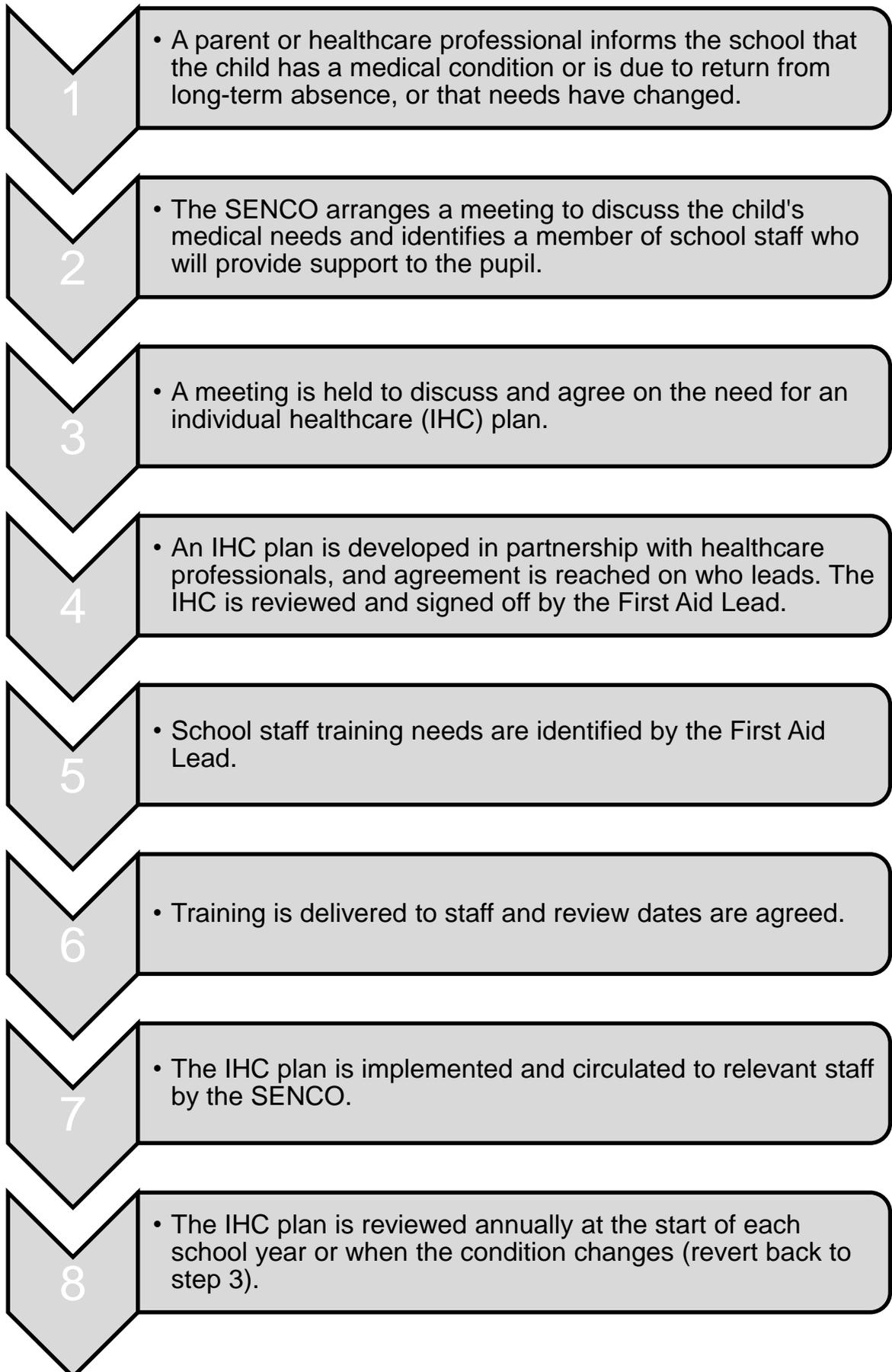
28. Home-to-school transport

- 28.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 28.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

29. Defibrillators

- 29.1. The school has a **Mediana HeartOn A15** automated external defibrillator (AED).
- 29.2. The AED is stored in the **Staff Room (South Site)** on the wall.
- 29.3. All staff members and pupils are aware of the AED's location and what to do in an emergency.
- 29.4. Training will be supplied to relevant First Aiders in the use of AED's.

Appendix a - Individual Healthcare Plan Implementation Procedure



Appendix b – Individual Healthcare Plan



Abbey College, Ramsey Individual Healthcare Plan

| | |
|---|--|
| Child's details | |
| Child's name | |
| Form Group | |
| Date of Birth | |
| Date of completion | |
| Completed by | |
| Contact details | |
| Emergency contact 1 | |
| Phone number | |
| Emergency contact 2 | |
| Phone number | |
| Alternate family contact (person nominated by parents/carers) | |
| Phone number | |
| Doctor/ Paediatrician name | |
| Phone number | |
| Any other health professional | |
| Phone number | |
| | |
| Who is responsible for providing support in school? | |

I confirm the above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administering medicine in accordance with the school supporting pupils at school with medical conditions policy.

I will inform the school immediately, in writing accompanied by confirmation from the health care professional, if there is any changes in dosage or frequency of the medication, or if the medication is stopped.

I confirm that all medication will be in-date and in the original packaging dispensed by the pharmacy with the pharmacies label of instructions.

Parent / Carer signature
Date

I also give permission for
Information to be added to the all student medical conditions register which is accessible to all staff only.

Parent / Carer signature
Date

| |
|--|
| Medical details |
| Medical condition: |
| |
| Signs/symptoms/triggers: |
| |
| Daily care requirements: |
| |
| Treatment regime: |
| |
| Medication prescribed and side effects: |
| |
| Action to be taken in the event of an emergency: |
| |
| Equipment and accommodation requirements |
| |

Staff training needed: Who, what and when:

Form to be saved to child's link documents on sims, a copy to be placed in IHCP folder in SENCO office and copy to be placed in First Aid room IHCP folder

Appendix c – Parental Agreement for the School to Administer Medicine



Abbey College, Ramsey Medication Administration Form

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

Administration of medication form

Date for review to be initiated by:

Name of child:

Date of birth:

Form:

Medical condition or illness:

| |
|--|
| |
| |
| |
| |
| |

Medicine

Name/type of medicine
(as described on the container):

Expiry date:

Dosage and method:

Timing:

Special precautions/other instructions:

Any side effects that the school needs to know about:

Self-administration – Y/N:

Procedures to take in an emergency:

| |
|-------------------------|
| |
| |
| |
| Break Time / Lunch Time |
| |
| |
| |
| |

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

Contact details

Name:

Daytime telephone number:

Relationship to child:

Address:

I understand that I must deliver the medicine personally to:

| |
|-----------------------|
| |
| |
| |
| |
| Main School Reception |

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 in dosage or frequency of the medication, or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix D – Staff Training Record – Administration of Medication

This record only needs to be completed, when a recognised or accredited certificate is not issued, for instance in house training.

| | |
|-----------------------------|--|
| Name of school: | |
| Name of staff member: | |
| Type of training received: | |
| Date of training completed: | |
| Training provided by: | |
| Profession and title: | |

I confirm that (name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment pertaining to (treatment type). I recommend that the training is updated by (name of member of staff).

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date: _____

Appendix E – Contacting Emergency Services

To be stored by the phone in the school office

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

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

- The telephone number: 01487 812352.
- Your name.
- Your location as follows: Abbey College - Ramsey, Abbey Road, Ramsey, CAMBS.
- The satnav postcode: PE26 1DG.
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.
- Site Team must be informed to allow them to guide ambulance in.

Appendix F – Letter Inviting Parents/Carers to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer,

RE: Developing an individual healthcare plan for your child

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, 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 individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for (start date). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the Year Parent Communicator), the Head Of Year, and if required a relevant healthcare professional and/or the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

It would be helpful if you could complete the attached individual healthcare plan template and return it to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email (email address) or to speak by phone if this would be helpful.

Yours sincerely,

SENCO

