



# **ANSTON BROOK AND WOODSETTS FEDERATION**

## **MEDICAL POLICY**

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### **1. Introduction**

Anston Brook and Woodsetts Federation is committed to reducing the barriers to sharing in school life and learning for all its pupils. We make sure that pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education. School leaders and the Inclusion Team consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The staff and governors of Anston Brook and Woodsetts Federation are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs. The aim is 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/carers 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 ongoing 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 to us that parents/carers feel confident that we 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 establish relationships with relevant local health services to help them. We will receive and fully consider advice from healthcare professionals and listen to and value the views of parents/carers 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 will 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), are also 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 considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, we comply with our duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

In making arrangements, we 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. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. School will ensure that staff are properly trained to provide the support that pupils need.

The policy is drawn up in consultation with a wide range of local key stake holdings within the school and health care setting and complies with DFE guidelines for 'Supporting Pupils At School with Medical Conditions (2015)'.

The named person responsible for the policy and its implementation is the SENCO, Mrs Jane Walker.

## **2. Role of the coordinator**

The named person is responsible for:

- Reviewing and sharing this policy
- Ensuring sufficient staff are suitably trained, competent and insured
- Informing all relevant staff about children's conditions
- Arranging cover in case of staff absence or staff turnover to ensure someone is always available
- Briefing supply teachers
- Supporting the teacher to write risk assessments for school visits or other school activities, for example, P.E.
- Monitoring individual healthcare plans and their implementation

## **3. Admissions**

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 can 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 our safeguarding duties, school must ensure that pupils' health is not put at unnecessary risk; we 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, for example, before a member of staff has been recruited to support a child.

## **4.Procedures Followed when Notification is Received that a Pupil has a Medical Condition**

The SENCO or Deputy SENCO will contact the family to arrange an information-gathering meeting. The parents/carers will be asked to bring any documentation relating to the child's medical condition, for example, healthcare plans, recommendations from healthcare professionals, information about the condition itself and the child's medication/care routine.

If this is a new condition, the SENCO or Deputy SENCO will arrange a meeting with the school nurse and any other relevant healthcare professionals to devise a healthcare plan. This may in turn lead to an application for an Education and Healthcare Plan (EHC). EHC plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind, ensuring that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. If a healthcare plan is already in place, the SENCO or Deputy SENCO will meet with the child's previous school to evaluate the plan in light of our school's particular

environment and circumstances. The child may need an additional risk assessment for moving around the school or taking part in certain activities such as PE.

The SENCO will work with the senior leadership team in making decisions about the level of support required, which may include the redeployment of a current member of staff or the recruitment of a new member of staff to support the child. The SENCO will arrange suitable training for relevant members of staff, communicating the child's condition fully. The training needs will be assessed, reviewed and provided with support from the school nurse and in conjunction with other healthcare professionals. Arrangements should be made so that there is cover for staff absence. The SENCO will record all medical training undertaken by staff in school and keep this list updated regularly.

The SENCO will work with the family until the provisions are in place for the child to start school safely or, for an existing child, to be reintegrated into school. These may include a partial timetable, school providing home-learning for the child or parents/carers attending with the child to meet their care needs.

When the provision is in place, the SENCO will make transition arrangements; we will endeavour to put these arrangements 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. School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This will normally involve some form of medical evidence and consultation with parents/carers. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), school will work with the local authority and education provider to ensure that the healthcare plan identifies the support the child will need to reintegrate effectively.

## **5. Individual Healthcare Plans**

Information recorded on an individual healthcare plan should include:

- 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, e.g. 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/carers 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 school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- 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 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.

## **6. Roles and Responsibilities**

### Parents/Carers

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should 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, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. It is the parent/carer's responsibility to make sure that their child is well enough to attend school.

### SENCO/Headteacher

Headteachers should 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. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### Pupils

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.

### School Staff

Any member of school staff 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. 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. 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.

### School Nurses

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. 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 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 a school seeking advice and support in relation to children with a medical condition.

### Other Healthcare Professionals

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

### Local Authorities

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation 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 wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). 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 schools 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).

### Clinical Commissioning Groups (CCGs)

Clinical commissioning groups 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 schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities). 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. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

### Providers of Health Services

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 participating 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.

### Ofsted

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and

achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

## **7.Training**

Suitable training will be 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 will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. School will 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 be given an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. 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.

Relevant healthcare professionals advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

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

Whole-school awareness training will take place as part of a rolling programme of INSET training on safeguarding policies so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Updated policies are also shared with all staff by email. This policy is included in induction arrangements for new staff.

All school staff are trained First Aiders; in Foundation Stage, several staff are Paediatric First Aiders. Training is reviewed regularly and updated every three years. A log of staff training is kept and reviewed every 12 months to ensure training is up to date.

Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. The school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.

### **8.The Child's Role in Managing their own Medical Needs**

After discussion with parents/carers, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should 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, relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/carers should be informed so that alternative options can be considered.

### **9.Managing Medicines on School Premises**

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours, for example, a medicine prescribed 3 times per day would be taken before school, after school and at night and not be taken at school. Only medicines needing to be taken at least 4 times per day will be administered at school.
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers will be informed.
- School will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. The storage

of medicines will be considered as part of the risk assessment when going on school trips.

- Emergency medications such as Epi-pens are kept in a locked office (Anston Brook - Head's office, Woodsetts – school reception office). Diabetic needles are also kept in these offices but in the refrigerator. Asthma inhalers are kept in a class zip wallet on the teacher's desk. This wallet contains smaller wallets consisting of a photograph of the child and their inhaler. These wallets are taken to PE, after-school clubs and on class trips.
- Parents/carers are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. School will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held. At our school, controlled drugs are kept in the school office in a lockable cupboard or in the refrigerator (according to storage instructions).
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
- School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.
- Non-prescribed medicines will only be administered with prior written permission from parents/carers in extreme circumstances such as residential trips.

## **10. Record Keeping**

Records are kept of all medicines administered to children. These records are kept in the school office (see appendices).

Requests for updated medical conditions including asthma, are distributed to parents/carers in the summer term of each school year. These are collated by the school office and registered and recorded on class medical sheets and in the staffroom medical folder. All staff have access to this information and actions to take in an emergency.

Children with food allergies have their details shared with the kitchen staff to ensure that food products are safe for children.

Updated medical conditions and reviews of policies and practice are monitored and disseminated by the Executive Headteacher as they are presented.

## 11. Emergency Procedures

All staff are aware of pupils on a healthcare plan and understand the need to follow agreed emergency support.

All staff know the school's medical emergency plan. Guidance is displayed in the school office and below.

### Medical Emergency Plan

1. **Person on scene** calls for help –sends child/adult to lead person
2. **Lead person** takes mobile phone to person on scene
3. **Person on scene** calls 999.
4. **Lead person** asks for first aider to support person on scene
5. **Lead person** asks for teacher support on the yard/in class to supervise/remove children
6. **Person on scene** administers necessary first aid – follow care plan first
7. **Office** to open gates for ambulance (including gates onto field)
8. **Office** contacts parents/carers
9. **Office** prints off admission form with medical details and takes to person on scene
10. Ambulance arrives and takes over – if parents/carers have not arrived, **child's teacher** accompanies with school mobile, parent contact details and child's admission form with medical details/care plan and child's belongings (or staff contact details and belongings). o
11. **Person on scene** completes accident form A with **lead person**

In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents/carers are not available.

## 12. Educational Visits

This school actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.

The lead teacher will ensure all children have their inhalers with them on a visit.

Prior to an overnight school trip, parents/carers must complete an up-to-date medical questionnaire about pupils' current general health and medication. Parents/carers are invited to provide written consent to enable staff to act 'in loco parentis' and administer Calpol analgesia if required and provided by the parents/carers.

Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of healthcare plans will be taken on all visits as well as emergency medication that may be required.

### **13.Unacceptable Practice**

Although school 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/carers; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition 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/carers, 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 school trips, e.g. by requiring parents/carers to accompany the child.

### **14.Liability and Indemnity**

Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA). Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. Insurance policies should be accessible to staff providing medical support.

### **15.Complaints**

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Complaints Policy. 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.

## **16. Medical Conditions**

### Asthma

This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

Parents/carers have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the pupil and class name. These should be kept in an assigned container on the teacher's desk and accompany the child if they are educated outside the school premises including PE.

Children with asthma must have immediate access to inhalers when they need them and know where they are kept. A spacer device may be required and the pupil may need support to use this.

Pupils with asthma are listed on the class medical sheets found in each classroom.

Leaders of 'after school clubs' are responsible for finding out if a member is asthmatic.

### Epilepsy, Anaphylaxis and Diabetes

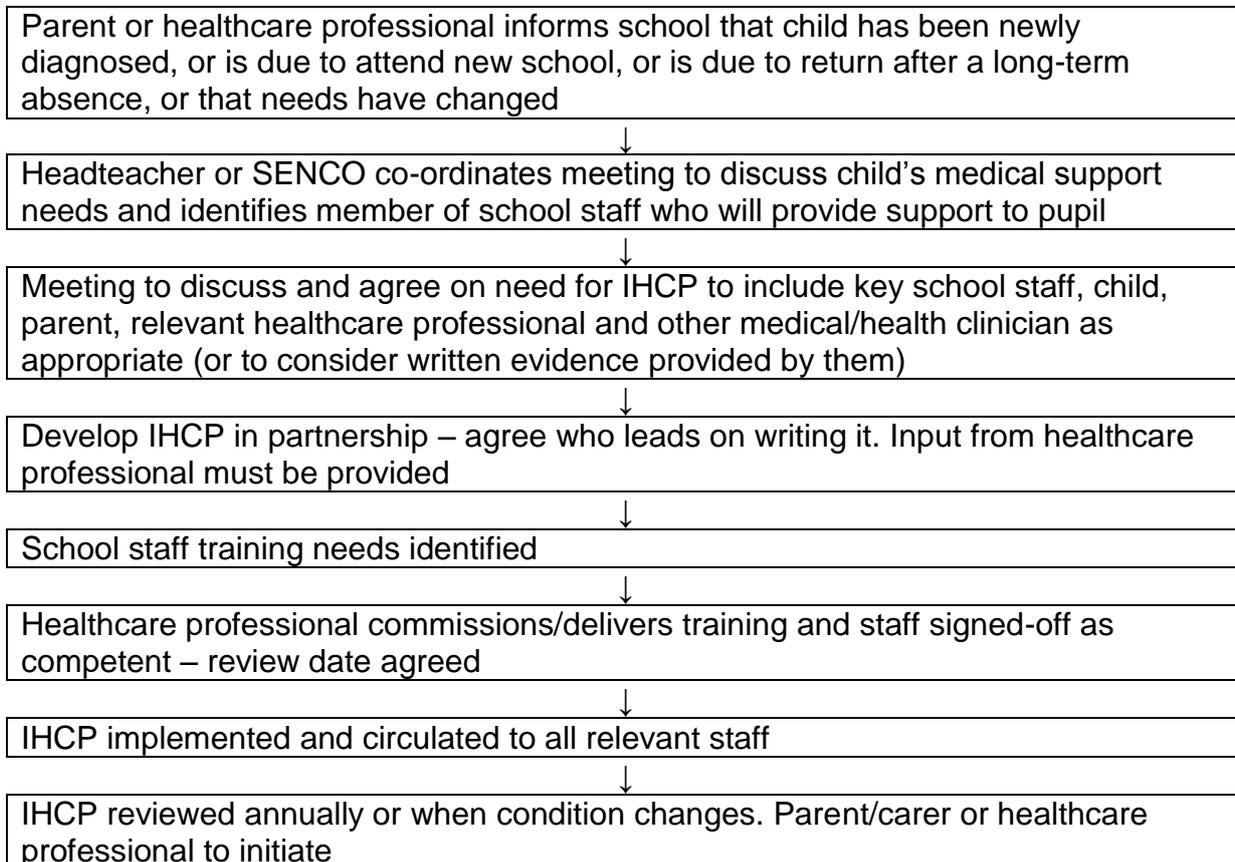
Parents/carers have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/carers and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual healthcare plan will usually be compiled, detailing the course of action to be taken.

### Head Injuries

Pupils who sustain a head injury MUST be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents/carers will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A head injury slip must be completed and sent home with the routine accident record slip.

# APPENDICES

## Process for Developing Individual Healthcare Plans



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

Dear Parent

## **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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, , 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 on 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 xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff 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

# Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


## Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


## Clinic/Hospital Contact

Name

Phone no.


## G.P.

Name

Phone no.


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

# Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

I understand that neither the Executive Headteacher nor anyone acting on his/her authority, nor the governing body, nor White Woods Multi-Academy Trust will be liable for any illness or injury to the child arising from the administering of the medication. I accept that this is a service which the school is not obliged to undertake.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

# Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



# Staff Training Record – Administration of Medicines

Name of school/setting

Name

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. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date

# Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number **Woodsetts 01909 550758 Anston Brook 01909 550599**
2. your name
3. your location as follows **Woodsetts Primary School, Wellfield Crescent, Woodsetts, S81 8SB Anston Brook Primary School, Ryton Road, North Anston, S25 4DN**
4. provide the exact location of the patient within the school setting
5. provide the name of the child and a brief description of their symptoms
6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
7. put a completed copy of this form by the phone

# REPORT OF AN ACCIDENT TO A PUPIL/YOUNG PERSON

**ALL SECTIONS OF THE FORM MUST BE COMPLETED.**

**FAILURE TO DO SO WILL RESULT IN THE FORM BEING RETURNED**

**HAS THIS ACCIDENT RESULTED IN THE INJURED PERSON BEING TAKEN DIRECTLY TO HOSPITAL FROM WHERE THE ACCIDENT OCCURRED?**

**IF THE ANSWER IS YES, TELEPHONE THE EMERGENCY AND SAFETY TEAM IMMEDIATELY!**

Telephone No: 01709 823720

When completed this form should be e-mailed to [healthandsafety@rotherham.gov.uk](mailto:healthandsafety@rotherham.gov.uk)

<b>1. School/Youth Centre/Establishment</b>	
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<b>2. Injured Person</b>	Surname:					
Forename(s)		DoB:		Sex:	M	F
Home Address:				Post Code:		

<b>3. Details of Accident</b>	Date:		Time:	
Teacher/Person in charge				
Location of accident <small>(including room name or number where relevant)</small>				
<b>Name and status of eye witness(es) of the accident (if pupils or young people, please include their age)</b>				

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Description of how accident happened (Note any equipment involved which could be a contributory factor).

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<b>4. Treatment of Injuries</b>		
Description and site of the injury (if any) where known: (eg. cut to right knee)		
What treatment, if any, was administered and by whom?		
Was the injured person taken directly to hospital as a result of the accident (eg by ambulance, by a member of staff, or by a parent/guardian)	Yes/No	
Was a parent/guardian/carers contacted?	Yes/No	
Did the parent/guardian/carers attend?	Yes/No	

<b>5. Investigation.</b>
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PLEASE ENSURE THIS SECTION IS COMPLETED by Supervisor, Teacher, Head Teacher etc. without delay. Attempt to identify any factors which may have contributed to the accident and any action needed to prevent a repetition. Were there adequate safety procedures in place and were they followed?

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If appropriate are risk assessments in place for this activity (*please mark as appropriate*)

Yes		No		Not Applicable	
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If yes when was it reviewed last?

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If no, give reasons as to why not?

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Name of person completing this form (please print):			
Name of Head teacher/Manager (please print)		Date:	
Head teacher/Manager telephone number			
Head teacher/Manager email address.			

E-mail this form immediately to: [healthandsafety@rotherham.gov.uk](mailto:healthandsafety@rotherham.gov.uk)

Tel. Rotherham 01709 823720

# ACCIDENT REPORT

**ALL SECTIONS OF THE FORM MUST BE COMPLETED.  
FAILURE TO DO SO WILL RESULT IN THE FORM BEING RETURNED**

<b>1. Injured Person</b>		Surname:									
Forename(s)				DoB:				Sex:	M		F
Home Address:				Post Code:							
Designation:		Employee:		Member of Public:		Resident:		Other:			
If Employee: Directorate:								Job Title:			
Service Area:								Payroll Number:			

<b>2. Details of Accident</b>		Date:				Time:					
Workplace Address:											
Address of accident if different from above:											
Description of how accident happened (Note any equipment involved which could be a contributory factor). - <i>Please continue on a separate sheet if necessary.</i>											
Injuries sustained (if any):											
Action taken (First Aid, Hospital, etc):											
Name and status of any witness:											
Injured Persons Manager (or his/her representative):								Date:			

**3. RIDDOR** Has this accident resulted in any of the following:

(please mark as appropriate)

- Employee absence for more than 7 days,
- Employee fatality or "Major Injury",
- Non employee fatality or taken directly to hospital from the site of accident
- None of the above  (No need to contact)


If yes to any of the above notify the Emergency & Safety section immediately on 01709 823720

#### 4. Investigation

**PLEASE ENSURE THIS SECTION IS COMPLETED** by Manager, Supervisor, Dept. Head etc. without delay. Attempt to identify any factors which may have contributed to the accident and any action needed to prevent a repetition. Were there adequate safe working procedures and were they followed?

Please attach risk assessments for this work activity

Date the risk assessment was last reviewed?

If no risk assessment is in place, give reasons why not?

Manager's Name (please print):			
Manager's Signature:		Date:	
Managers Contact Number:			
Managers e-mail address:			

E-mail this form immediately to:-

Email: [healthandsafety@rotherham.gov.uk](mailto:healthandsafety@rotherham.gov.uk)

Tel: 01709 823720

From Internal: 23720

Policy Reviewed on: September 2017

Policy updated on: September 2017

Policy agreed by: \_\_\_\_\_ (Please sign)

\_\_\_\_\_ (Print name)

\_\_\_\_\_ (Designation)

\_\_\_\_\_ (Date)

Agreed by the Governing Body: \_\_\_\_\_

Policy to be revised on: AUTUMN TERM 2020