

# **SUPPORTING PUPILS WITH MEDICAL CONDITIONS**

---

**RÆDWALD**  
**T · R · U · S · T**



**RATIFIED BY THE TRUST BOARD IN:  
SEPTEMBER 2020**

---

**NEXT REVIEW DATE: SEPTEMBER 2021**

---

## SUPPORTING PUPILS WITH MEDICAL CONDITIONS

|                                            |                |
|--------------------------------------------|----------------|
| <b>Person responsible for this policy:</b> | Angela Ransby  |
| <b>Policy author:</b>                      | Angela Ransby  |
| <b>Date to Trust Board:</b>                | November 2020  |
| <b>Date Ratified:</b>                      | November 2020  |
| <b>Date to be Reviewed:</b>                | September 2021 |
| <b>Policy displayed on website:</b>        | Yes            |

|                               |               |
|-------------------------------|---------------|
| <b>CEO Signature:</b>         | Angela Ransby |
| <b>Trust Board Signature:</b> | Roger Fern    |

| <b>Amendments:</b>                                    | <b>Date:</b>  |
|-------------------------------------------------------|---------------|
| Policy and appendices updated.                        | November 2020 |
| Site based MNIS Leads added.                          | February 2021 |
| Additional appendices referenced and added to policy. | March 2021    |
| p. 10 Record keeping updates                          | April 2021    |

## TABLE OF CONTENTS

|                                                              |    |
|--------------------------------------------------------------|----|
| 1. Aims .....                                                | 2  |
| 2. Legislation and Statutory Responsibilities .....          | 3  |
| 3. Roles and Responsibilities.....                           | 3  |
| 4. Equal Opportunities .....                                 | 5  |
| 5. Being notified that a child has a medical condition ..... | 5  |
| 6. Individual healthcare plans.....                          | 6  |
| 7. Managing Medicines.....                                   | 7  |
| 8. Emergency Procedures .....                                | 9  |
| 9. Training .....                                            | 9  |
| 10. Record Keeping .....                                     | 10 |
| 11. Liability and Indemnity .....                            | 10 |
| 12. Complaints .....                                         | 11 |
| 13. Monitoring Arrangements .....                            | 11 |
| 14. Links to other policies .....                            | 11 |
| APPENDICES 1 – 9 TEMPLATES .....                             | 12 |

| Site based MNIS Leads:             |                                                         |
|------------------------------------|---------------------------------------------------------|
| Alderwood Academy                  | Head of School – Tom Baker<br>SENCO – Lauren Quigley    |
| First Base Bury St Edmunds Academy | Head of School – Sonia Myhill<br>SENCO – Karen Walmsley |
| First Base Ipswich Academy         | Head of School – David Hitchin<br>Tanya Gray            |
| Ipswich Hospital School            | Lead Teacher – Kate Kingsford                           |
| Parkside Academy KS3               | Head Teacher – Alan Buckley<br>SENCO – Sian Sherman     |
| Parkside Academy KS4               | Head of School – Nick Stevens<br>SENCO – Emma Osborne   |
| St Christopher’s Academy           | Head of School – Julie Cox<br>SENCO – Cate Fairweather  |
| Westbridge Academy                 | Head of School – Nicola Axford<br>SENCO – Emily Langdon |

---

## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Those with medical conditions are not limited by their condition, and have equal opportunities to learn and work in a safe and healthy environment.

The Trust Board will implement this policy by:

- Ensure sufficient staff are suitably trained
- Raise awareness of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Angela Ransby.

## 2. Legislation and Statutory Responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on Trust Boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

This policy also complies with our funding agreement and articles of association.

## 3. Roles and Responsibilities

### 3.1 The Trust Board

The Trust Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### 3.2 The Head Teacher

The Head Teacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs

**September 2020**

- 
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in an appropriate manner.
  - Contact the school nursing service in the case of any pupil 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
  - Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### 3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person; any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### 3.4 Parents

Parents will:

- Provide the school with sufficient and valid information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.
- Discuss with the School where they may feel that changes should be made to the provision of care offered.

### 3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### 3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

---

#### **4. Equal Opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

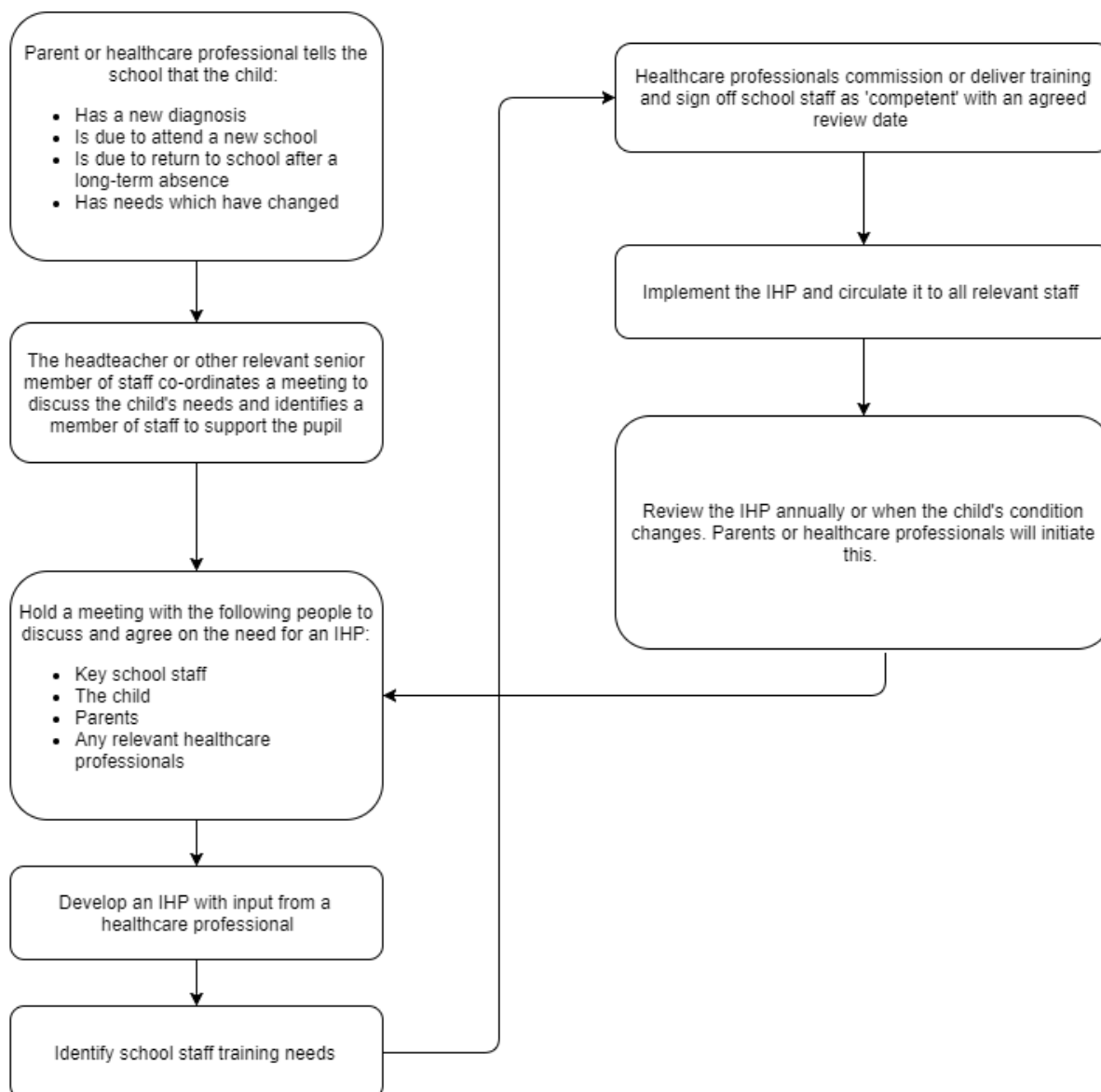
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

#### **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



## 6. Individual healthcare plans

The Head Teacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

---

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head Teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. See Appendix 7: Model IHP Invitation Letter.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trust Board and the Head Teacher, will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the Head Teacher 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## **7. Managing Medicines**

Prescription (and non-prescription) medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and



- 
- Where we have parents' written consent (see Appendix 3: Parental Agreement for Setting to Administer Medicines)
  - If the medicine has been prescribed for use by the child by a medical professional

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

See Appendix 8: Protocol for Administering Medicines – Checklist for Staff.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required. See Appendix 9: Record of Medicines Received and Returned.

### 7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### 7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

---

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

### 7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## 8. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## 9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

---

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

A record of staff who have received specialist medical training will be completed. See Appendix 6: Record of Staff Medical Training.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head Teacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **10. Record Keeping**

The Trust Board will ensure that written records are kept of all medicine administered to pupils. See recording templates Appendix 4: Administering Medicines to an Individual Child and Appendix 5: Recording Template Administering Medicines to all Children e.g. vaccinations.

Records will be securely stored on the medicine tab on School Pod.

Parents will be informed if their pupil has been unwell at school.

IHPs and supporting documents/information will be stored on individual pupil's RT Medical Tab on School Pod and all staff are to be made aware.

## **11. Liability and Indemnity**

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

---

## **12. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the Head Teacher in the first instance. If the Head Teacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **13. Monitoring Arrangements**

This policy will be reviewed and approved by the Trust Board every year.

## **14. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

---

## APPENDIX 1 – IHP TEMPLATE

Child's name

Tutor group

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Email

---

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Email

### Clinic/Hospital Contact

Name

---

Phone no.

Email

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

**September 2020**

---

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

Risk Assessment attached? Yes / No

## APPENDIX 2 – RISK ASSESSMENT TEMPLATE

This is the [INSERT SCHOOL NAME] risk assessment and is provided for guidance only. It must be adapted by the home school for their use. The context and environment in school may present different risks that need to be addressed.

|                                                                                                             |                            |                               |                             |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child's Name:                                                                                               |                            |                               |                             | DOB:                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                         |
| School:                                                                                                     |                            |                               |                             | Keyworker:                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Brief description of diagnosis/difficulties/reason for accessing Ipswich Hospital School:                   |                            |                               |                             |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Information available to inform risk assessment: e.g multiple sources, parents, CAMHS, Individual, teacher. |                            |                               |                             |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Risk</b><br><b>(Please enter all relevant risk issues under the headings below.)</b>                     | <b>Low</b><br><b>(0-1)</b> | <b>Medium</b><br><b>(2-3)</b> | <b>High</b><br><b>(4-5)</b> | <b>Description of risk</b><br><b>(Please use Risk Assessment Information and Scoring Sheet for assistance if required)</b> | <b>Recommended Measures taken to prevent or reduce risk / Risk management Plans.</b><br><b>(you may cross reference with any part of the referral form or attachments) (To include specific details/useful information which help the individual to cope and or help the professional to assist in improving engagement in teaching and learning sessions; Clear actions and responsibility stated)</b> |
| Risk to Self:                                                                                               |                            |                               |                             |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Risk to others:                                                                                             |                            |                               |                             |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Vulnerability e.g At risk from others, Neglect, Child protection                                            |                            |                               |                             |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |



---

|                                                                       |  |  |  |  |  |
|-----------------------------------------------------------------------|--|--|--|--|--|
| Risk within the Environment<br>(include where relevant e.g home, hub) |  |  |  |  |  |
|-----------------------------------------------------------------------|--|--|--|--|--|

|                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Plans for positive risk taking:<br><b>( e.g. N/A, or Please use Risk Assessment Information Guide and Scoring Sheet for assistance if required)</b> |
|                                                                                                                                                     |

|                                                             |
|-------------------------------------------------------------|
| Any Incidents while at IHS – Date//brief description below. |
|                                                             |

| Network of Support (e.g. other professionals involved, carer, CAMHS Worker) |       |                  |
|-----------------------------------------------------------------------------|-------|------------------|
| Name:                                                                       | Role: | Contact details: |
|                                                                             |       |                  |
|                                                                             |       |                  |
|                                                                             |       |                  |
|                                                                             |       |                  |

Signature of assessor: [enter name if electronic]

September 2020

---

Data Protection Act. This information is being collected for the purpose of determining the educational needs of the named pupil, but may also be shared with other relevant professionals to inform their work. The information collected may also be used for the wider purpose of providing anonymised statistical data to assist with monitoring of provision and/or determining areas of need in order to target future resources.

---

## APPENDIX 3 – 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  
*(as described on the container)*

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

GP Contact Details

Signature of Healthcare Professional  
(if required)

|  |
|--|
|  |
|  |

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.

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

Date \_\_\_\_\_

---

## APPENDIX 4 – 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: | Staff sign: | Child sign: | Witness sign: |
|-------|-------------|-------------|-------------|-------------|---------------|
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |
|       |             |             |             |             |               |

---

## APPENDIX 5 – RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN

Name of school/setting

| Date | Child's Name | Time | Name of medicine | Dose Given | Any reactions | Signature | Print Name |
|------|--------------|------|------------------|------------|---------------|-----------|------------|
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |
|      |              |      |                  |            |               |           |            |

---

## APPENDIX 6 – STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINE

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 \_\_\_\_\_



---

## **APPENDIX 7 – MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTH CARE 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, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although 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

**September 2020**

---

## **APPENDIX 8 – PROTOCOL FOR ADMINISTERING MEDICINES – CHECKLIST FOR STAFF**

### **Protocol for the administration of medicine**

- Check name on medication (never give medication to anyone other than the person named on the prescription)
- Check dosage method and timings
- Check expiry date
- Check medicine is in its original container and clearly labelled (do not accept medication that has been decanted into another container)
- Check details on possible side effects are included with medication (usually a leaflet)
- Check storage requirements (refrigeration)
- Follow any specialist requirements/other instructions e.g. take on an empty stomach, do not crush tablets etc. If applicable consult individual health care plan. In addition if administering non-prescription paracetamol follow WSCC protocol
- Keep records of administration – parental consent template B and admin of medicines template C & D
- If giving a controlled drug ensure administration is witnessed and signed by witness on template B.

### **Before administering medication**

Check you are giving the:

- RIGHT MEDICATION to the RIGHT CHILD
- Medication is the RIGHT STRENGTH
- You are giving the RIGHT DOSE
- You are administering via the RIGHT ROUTE ( i.e. oral, apply to skin etc.) and are following any specific instructions i.e. take with food
- You are administering at the RIGHT TIME of day – with the correct interval between doses
- And the medication is IN DATE

## APPENDIX 9 – RECORD OF MEDICINES RECEIVED AND RETURNED

| Pupil           |                  |                   | D.O.B                                                                                          |              |             | Year group    |                   |             |
|-----------------|------------------|-------------------|------------------------------------------------------------------------------------------------|--------------|-------------|---------------|-------------------|-------------|
| Date of receipt | Name of medicine | Quantity received | Prescription label attached (if no then contact parent and do not record medicine as received) | Expiry date  | Received by | Date returned | Quantity returned | Returned by |
|                 |                  |                   |                                                                                                | Batch number |             |               |                   |             |
|                 |                  |                   | Yes/No                                                                                         |              |             |               |                   |             |
|                 |                  |                   |                                                                                                |              |             |               |                   |             |
|                 |                  |                   | Yes/No                                                                                         |              |             |               |                   |             |
|                 |                  |                   |                                                                                                |              |             |               |                   |             |
|                 |                  |                   | Yes/No                                                                                         |              |             |               |                   |             |
|                 |                  |                   |                                                                                                |              |             |               |                   |             |
|                 |                  |                   | Yes/No                                                                                         |              |             |               |                   |             |
|                 |                  |                   |                                                                                                |              |             |               |                   |             |
|                 |                  |                   | Yes/No                                                                                         |              |             |               |                   |             |
|                 |                  |                   |                                                                                                |              |             |               |                   |             |
|                 |                  |                   | Yes/No                                                                                         |              |             |               |                   |             |
|                 |                  |                   |                                                                                                |              |             |               |                   |             |