



THINKING  
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ACADEMY TRUST

**Kings Ash Academy**

# **Supporting Pupils with Medical Conditions Policy**

Ratified by the Regional Governing Board  
Policy to be reviewed

June 2025  
June 2027

***The policy framework describes the essential criteria for how a school can meet the needs of children and young people with short/long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (2015) for governing bodies of maintained schools and proprietors of academies in England and Ensuring a good Education for children who cannot attend school because of health needs (2013)***  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349435/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)

### **DfE guidance**

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

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

\*Early years settings should continue to apply the

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

### **Definition**

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term - affecting their participation in school activities while they are on a course of medication or following an injury.
- (b) Long-term - potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### **Rationale**

The Children and Families Act 2014, Section 100, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Also, the Equality Act 2010 and the Special Educational Needs Code of Practice 2014 place a duty on schools to promote inclusion for all pupils. All reasonable adjustments will be made in order to facilitate medical needs. Further sources of information and legislation can be found on page 26/27 of the DfE guidance 2015. [supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)

However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

Eliz Brown, SENCo is responsible for co coordinating Individual Health Care Plans.

The Academy takes advice and guidance from the school nurse and other medical professionals as required. The Academy also encourages self- administration of medication when possible. Contact details for our School Nurse can be requested from the 0-19 team: 0300 333 5352

### **This Academy is an inclusive community that supports and welcomes pupils with medical conditions.**

- This Academy is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions, with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or be prevented from taking up a place in this Academy because arrangements for their medical condition have not been made.
- We will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive from this Academy and the level of that care meets their needs.
- All reasonable adjustments will be made in order to facilitate medical needs.
- Staff understand the medical conditions of pupils at this Academy and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- This Academy understands that not all children with the same medical condition will have the same needs; we will focus on the needs of each individual child.
- We recognise our duties as detailed in Section 100 of the Children and Families Act 2014.

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 will comply with our duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

**The medical conditions policy is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation.**

- Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about, the medical conditions policy through clear communication channels.
- All Academy staff, including temporary or supply staff, are aware of the medical conditions at this Academy and understand their duty of care to pupils in an emergency.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required, have an individual healthcare plan (IHCP) appendix 3, which explains what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP within emergency care settings. Any intimate care required will also be documented in the IHCP.
- This Academy makes sure that all staff providing support to a pupil have received suitable training and ongoing support (where required) to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHCP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this Academy keeps an up to date record of all training undertaken and by whom.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance.

**Providing care and support and administering medication.**

*Ofsted states that 'Schools can administer medication that is recommended by a pharmacist or nurse without a written prescription, as well as any medication prescribed by a doctor, dentist or an appropriately qualified pharmacist or nurse'.*

*The legal guidance allows the use of over-the-counter medication for pain and fever relief or teething gel in schools. However, written permission must be obtained beforehand from parents/guardian of the child. (Although the Statutory Framework recommends that children under 16 should never be given medicines containing aspirin unless a doctor has prescribed that medicine for that child.) All attempts to contact parents/carers by phone will also be made before medication is given in regards to over the counter medication.*

- This Academy understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- We will make sure that there are sufficient members of staff who have been trained to administer the medication (where required) and meet the care needs of an individual child.
- We will ensure that there are sufficient numbers of staff trained to cover any absences,

staff turnover and other contingencies. The Thinking Schools Academy Trust has made sure that there is the appropriate level of insurance and liability cover in place.

- We will not give medication (prescription or non-prescription) to a child under 16 without a parent's written or verbal consent except in exceptional circumstances.
- When administering medication, for example pain relief, we will check the maximum dosage and when the previous dose was given.
- Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative.
- Where parents have asked the Academy to administer the prescribed medication for their child, they must ask the pharmacist to supply any such medication to be dispensed in a suitable container. The name of the child, prescription and dosage regime should be typed or printed clearly on the outside. The Academy will only administer medicines in which the dosage is required 4 times a day or on rare occasions 3 times a day if attending breakfast club and/or after school activities. The name of the pharmacist should be visible. Academy staff will not accept any medications not presented properly. Primary school pupils should not bring in their own medicine. This should be brought into school by the parent. On rare occasions and where a risk assessment has been carried out, children may carry their own medication such as asthma inhalers.
- Where parents have asked us to administer non-prescribed medicine, an administration of medicines form must be completed and we must have a clear explanation of what the medicine is for. Where children suffer from hay fever, medication can be administered that is not prescribed in line with dosage advice and only when an administration of medicines form has been completed. Ibuprofen/paracetamol-based pain relief will only be given at lunchtimes for a maximum of three days. If children still require pain relief after this medical advice must be sought. If there is an on-going issue, a health care plan must be completed and a prescription must be obtained. The children will only be given pain relief medication in these circumstances if they need it. Providing pain relief does not replace the need for a child to be home if they are too unwell to be learning in school.
- If a child is attending nursery, all administration of medicines must be countersigned by another trained member of staff and parents must sign the same form at pick up time every time medicine is given.
- We will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays as required.
- Parents/carers understand that they should let us know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer will be informed as soon as possible and the Academies disciplinary procedures are followed.
- We will make sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g., asthma inhalers, epi-pens etc are readily available wherever the child is in the Academy and on off-site activities, and are not locked away.
- Controlled drugs will be securely stored, with only named staff having access. Staff may administer a controlled drug to a pupil once they have had specialist training.
- Medication will be stored safely, and those pupils with medical conditions will know where they are at all times and have access to them immediately.

- Only medication that is in date, labelled and in its original container including prescribing instructions for administration will be accepted. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are required to collect all medications/equipment when they expire, and to provide new and in-date medication when required.
- This Academy disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school. They are collected and disposed of in line with local authority procedures.
- The Academy understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- We understand that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- We ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- Pupils will not be penalised for their attendance if their absences relate to their medical condition.
- Pupils with medical conditions who are finding it difficult to keep up educationally will be referred to the SENCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

*Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.*

## **Storage of Medicines**

- Medicines will be kept in a lockable cupboard which is only accessible through a locked store room. If a medicine is controlled, it will be kept in a secure cupboard where access is limited. If medication needs to be kept in a fridge, it will be stored in a fridge securely.

## **Defibrillator**

All TSAT schools have a Defibrillator on site.

## **Guidance about record keeping**

- As part of the admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions.
- An IHCP is used to record the support an individual pupil needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designated named member of Academy staff, school nurse/specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a

statement or EHC plan, their special educational needs are mentioned in their IHCP. Appendix 1 is used to identify and agree the support a child needs and the development of an IHCP.

- There is a centralised register of IHCPs, and an identified member of staff has the responsibility for this register.
- IHCPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHCP. Other Academy staff are made aware of and have access to the IHCP for the pupils in their care.
- Permission will be sought from parents/carers before sharing any medical information with any other party.
- An accurate record of all medication administered, including the dose, time, date and supervising staff is kept.

### **Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupils 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 IHCPs
- 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

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs 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.

Should parents 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 procedure.

### **Children who are unable to attend a mainstream or special school because of their health.**

Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status.

It applies equally whether a child cannot attend school at all or can only attend intermittently. Section 19 of the Education Act 1996 states that each local authority must make arrangements for

- the provision of suitable education at school
- for those children of compulsory school age who by reason of illness, exclusion from school or otherwise may not for any period receive suitable education unless arrangements are made for them.

A local authority does not have to comply with the duty under section 19 of the Act, if a child is to cease to be of compulsory school age within the next 6 weeks and does not have any public examinations to complete.

### **What is "compulsory school age"?**

A child is of compulsory school age from the beginning of the term following their 5th birthday until the last Friday of June in the year in which they become 16, provided that their 16th birthday falls before the start of the next school year.

The law does not specify the point during a child's illness when it becomes the LA's responsibility to secure for the child suitable full-time education. *Kings Ash Academy* will provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza in consultation with the parents/carers and as appropriate. In some cases, where a child is hospitalised, the hospital may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education. More generally, LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged.

There is no absolute legal deadline by which LAs must have started to provide education for children with additional health needs, however, arrangements for provision should begin as soon as it is clear that an absence will last more than 15 days and it should do so at the latest by the sixth day of the absence, aiming to do so by the first day of absence. Where an absence is planned, for example for a stay or recurrent stays in hospital, LAs should make arrangements in advance to allow provision to begin from day one. *Kings Ash Academy* appoints an Attendance Improvement Coordinator *Cassie Atkin*, who will be responsible for liaising with parents/carers and relevant outside agencies to support the facilitation of educational provision.



‘Hard and fast’ rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.

## **Reintegration**

When reintegration into school is anticipated, LAs should work with the school (and hospital school, PRU/home tuition services if appropriate) to plan for consistent provision during and after the period of education outside school. As far as possible, the child should be able to access the curriculum and materials that he or she would have used in school. The LA should work with schools to ensure that children can successfully remain in touch with their school while they are away. This could be through school newsletters, emails, invitations to school events or internet links to lessons from their school. The Attendance Improvement Coordinator Cassie Atkin and Senior Attendance Champion Tom Fegan will provide the link to school and other agencies to support successful reintegration back to school.

## **Public examinations**

Awarding bodies will make special arrangements for children with permanent or long term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. The LA (or the school where applicable) should submit applications for special arrangements to awarding bodies as early as possible. Those providing education to a child out of school should provide advice and information to the school to assist it with such applications

## **Provision for siblings**

When treatment of a child’s condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered a place, where provision is available, for example, in a local mainstream school or other appropriate setting. The Attendance Improvement Coordinator Cassie Atkin and Senior Attendance Champion Tom Fegan will liaise with relevant professionals as and when required/appropriate.

Please click on the link for the DfE Ensuring a good education for children who are unable to attend school because of health needs [DfE guidance](#)

**Part-time timetables;** [Working together to improve school attendance.pdf](#)

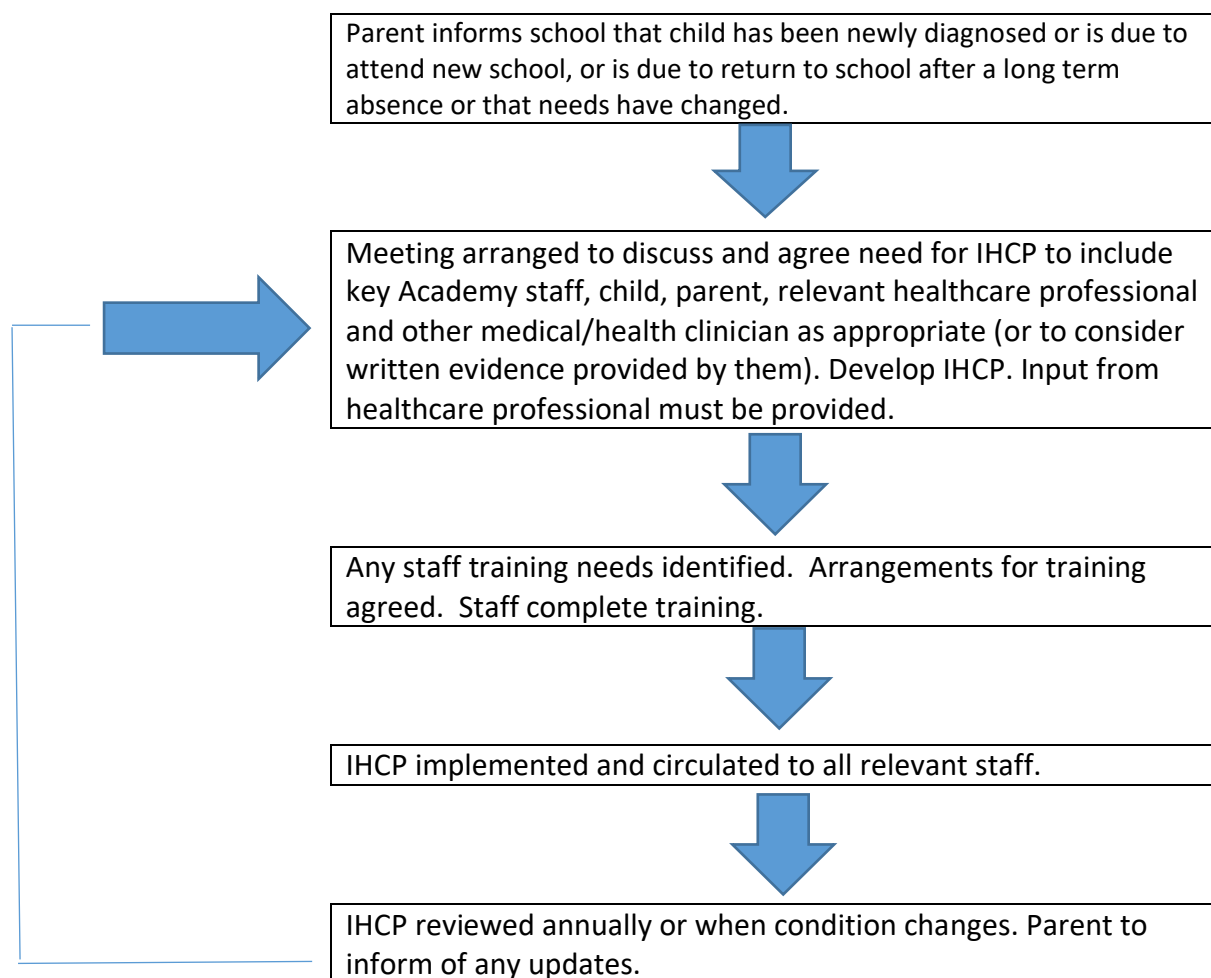
All pupils of compulsory school age are entitled to a full-time education. In very exceptional circumstances, where it is in a pupil's best interests, there may be a need for a temporary part-time timetable to meet their individual needs. For example, where a medical condition prevents a pupil from attending full-time education and a part-time timetable is considered as part of a re-integration package. A part-time timetable should not be used to manage a pupil's behaviour.

A part-time timetable must only be in place for the shortest time necessary and not be treated as a long-term solution. Any pastoral support programme or other agreement should have a time limit by which point the pupil is expected to attend fulltime, either at school or alternative provision. There should also be formal arrangements in place for regularly reviewing it with the pupil and their parents. In agreeing to a part time timetable, a school has agreed to a pupil being absent from school for part of the week or day and therefore must treat absence as authorised.

**Home-to-school transport** – this is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life-threatening conditions.

## Appendix 1

### Model Process for developing an Individual Healthcare Plan



## Appendix 2

### Roles and Responsibilities

**Governing body** – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of Academy staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**Headteacher/Principal** – are responsible for the effective implementation of the policy. 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/Principals 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that Academy 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.

**School staff** – any member of Academy 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. Academy 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 Academy staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**School nurse** – every school has access to school nursing services. 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.

**Other healthcare professionals** - including GPs, paediatricians, and nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

**Parents/carers** – should provide the Academy with sufficient and up-to-date information about their child's medical needs. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and should be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

## APPENDIX 3 – Individual Healthcare Plan



### Kings Ash Academy Individual Health Care Plan

|                                       |                                    |              |
|---------------------------------------|------------------------------------|--------------|
| <b>Child's name:</b>                  |                                    | <b>photo</b> |
| <b>Class:</b>                         |                                    |              |
| <b>Date of birth:</b>                 |                                    |              |
| <b>Child's address:</b>               |                                    |              |
| <b>Medical diagnosis or condition</b> |                                    |              |
| <b>Date:</b>                          |                                    |              |
| <b>Annual Review Date:</b>            | <b>As required if needs change</b> |              |

|  |  |
|--|--|
| <b>Name of parent/carer (1):</b>   | <b>Name of parent/carer (2):</b>   |
|  |  |
| <b>Relationship to child:</b>  | <b>Relationship to child:</b>  |
| <b>Contact numbers</b><br><b>Home:</b><br><b>Mobile:</b><br><b>Work:</b> | <b>Contact numbers</b><br><b>Home:</b><br><b>Mobile:</b><br><b>Work:</b> |

|                              |
|------------------------------|
| <b>Clinic/Hospital Name:</b> |
| <b>Contact Number:</b>       |
| <b>GP Name:</b>              |
| <b>GP Contact Number:</b>    |

|   |
|---|
| <b>Describe what constitutes an emergency for the child, and the action to take if this occurs:</b> |
|   |

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

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

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

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|--|
|  |
|--|

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

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|--|
|  |
|--|

**Daily care requirements (e.g. before sport/at lunch)**

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

**Arrangements for school visits/trips etc.**

Medicine should be taken on the trip  
Adult to take a copy of this health care plan on trips/visits  
Please speak with primary carer when planning trips

|   |               |
|---|---------------|
| <b>Who is responsible in an emergency, state if different for off-site activities</b> | Class Teacher |
|---|---------------|

|  |
|--|
| <b>Staff training needed/undertaken – who, what, where, when</b> |
| No specific training required                                    |

|                             |        |
|-----------------------------|--------|
| <b>Plan developed with:</b> | SENCo, |
|-----------------------------|--------|

Signed by parent/carers: ..... Date: .....

Signed by school Senior Leader: ..... Date: .....

## Appendix 4 - Example form for parents to complete if they wish the school to administer medication

The Academy will not give your child medicine unless you complete and sign this form. The Academy is not obliged to undertake this service.

### DETAILS OF PUPIL

Surname: \_\_\_\_\_ M/F: \_\_\_\_\_

Forename(s) \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Condition/Illness \_\_\_\_\_

Name and contact details of GP \_\_\_\_\_

\_\_\_\_\_ Class/Form \_\_\_\_\_

### MEDICATION

Name/Type of Medication (as described on the container) \_\_\_\_\_

\_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Full Directions for use:

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Self Administration: \_\_\_\_\_

Procedures to take in an Emergency: \_\_\_\_\_

### CONTACT DETAILS:

Name: \_\_\_\_\_ Daytime Telephone No \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_



## Appendix 5 - Example record form of medication taken by pupils.

[illegible]

## **Appendix 6**

### **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.**

**Inform a member of the office team/SLT as soon as possible once an ambulance has been called**

1. Your telephone number
2. Your name
3. Your location as follows [insert school/setting address]
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the Academy setting
6. Provide the name of the child and a brief description of their symptoms and any medical information relating to the pupil (eg diabetic, epileptic)
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

## Appendix 7

### Example of letter inviting parent/carers to meeting

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 Academy'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 pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the Academy, 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 Academy 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 to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

## Appendix 8

### Example letter for the update of pupils Individual Healthcare Plan

Dear Parent/carer

#### UPDATING THE INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for continuing to inform us of your child's medical condition. I enclose a copy of the Academy's new policy for supporting pupils at school with medical conditions following the publishing of The Children and Families Act 2014, which from September 2014, places a more structured duty on schools to make arrangements for children with medical conditions.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the Academy, parents, pupils, and the relevant healthcare professional as required 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. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in Academy 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 update 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 be discussed at the meeting as soon as possible. If you are unable to attend, it would be helpful if you could complete the attached new individual healthcare plan and return it, together with any relevant evidence, for consideration at the meeting.

OR

As your child's needs are well known by Academy staff and as far as we are aware the condition is stable, please can you check and update the individual healthcare care plan enclosed and return it to us as soon as possible. Or alternatively I am happy to meet with you and a healthcare professional to review this plan if circumstances have changed.

I would be happy for you contact me by email (xxxxxxxxxxxxxxxxxxxxxx) or to speak by phone on xxxxxxxxxxxx, if this would be helpful.

Yours sincerely

## Appendix 9

### Risk Assessment

|                       |                             |                             |   |
|-----------------------|-----------------------------|-----------------------------|---|
| Activity              | Administration of medicines | Date of assessment          |   |
| Location              |                             | Date of review              |   |
| Name of Risk Assessor |                             | Risk assessment subject to. | Management of health and Safety at Work regulations |

This risk assessment template can be used for specialist areas where a model template does not exist.

**Instructions for Use:** This blank risk assessment should be used for any area where there is not already a template risk assessment in place. You will need to ensure that you have identified the common hazards and recognised those people who could be at risk and whether they have any individual requirements. Consider all of the standard controls i.e. those things you need to do to reduce the risk and then confirm all of the standard controls are in place. Check if there is anything further that you may need to do. If all of these components are completed the level of risk for these hazards will have been reduced to the lowest acceptable level. An action plan should be completed if further mitigation is required following the assessment.

**Original risk assessments must be kept for a period of 7 years. On completion a hard copy should be printed off and placed in your local/site health and safety folder.**

The Supporting Pupils with Medical Needs document produced by the DfE and published in December 2015 for implementing into schools, includes the provision of administration of medicines to pupils. This risk assessment should be completed as part of the process to assist in identifying the specific hazards and control measure that need to be put in place to ensure medication is administered, managed and stored safely and effectively in schools by competent staff.

| What are the hazards? | Who might be harmed and how? | What are you doing? | Do you need to do anything else to manage this risk? | Action by whom? | Action by when? | Done |
|-----------------------|------------------------------|---------------------|--|-----------------|-----------------|------|
|                       |                              |                     |  |                 |                 |      |

## Standard Risk Assessment:

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### Action Plan for Risk Assessment

Action Plan to be completed based on the findings of risk assessment. The following actions are to be undertaken to reduce the risk level as far as reasonably practical and to ensure that all of the standard controls and local arrangements are in place.

| No | Hazard not fully controlled | Performance status<br>Imminent<br>High<br>Medium<br>Low<br>Very low | Action required | Person responsible | Target Date | Date of completion |
|----|-----------------------------|---|-----------------|--------------------|-------------|--------------------|
| 1  |                             |   |                 |                    |             |                    |
| 2  |                             |   |                 |                    |             |                    |
| 3  |                             |   |                 |                    |             |                    |
| 4  |                             |   |                 |                    |             |                    |
| 5  |                             |   |                 |                    |             |                    |
| 6  |                             |   |                 |                    |             |                    |
| 7  |                             |   |                 |                    |             |                    |
| 8  |                             |   |                 |                    |             |                    |