Longfield Academy

Supporting Pupils with Medical Conditions at School Policy

Approved by: Longfield Academy LGB

Review frequency: 1 year

Date of last review: Autumn 2026

Date of next review: Autumn 2027

Policy Statement

Longfield Academy follows the expectations outlined in the DfE statutory guidance Supporting pupils with medical conditions.

Aims

- To ensure that all children with medical conditions in terms of mental and physical health are supported in school so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure that pupils can attend school regularly with the appropriate medical and emotional support.
- To provide confidence to parents and carers that we will offer effective support for their child's medical needs and their child feels safe in school.
- Establish effective relationships with relevant local health services and professionals.
- To listen to and value the opinions of parents/ carers, professionals and the child.
- To ensure that all staff are made aware of all medical conditions that affect our pupils and provide appropriate training.
- To ensure that when pupils are absent due to medical needs, a reintegration plan will be implemented.

We acknowledge that some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. We will comply with the duties under this act.

We recognise that some children may also have special educational needs (SEND) 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. This guidance should be read in conjunction with the SEND code of practice and the Children and Families Act 2014.

The Role of the Local Governing Body

Statutory guidance places a legal responsibility on governing bodies to make arrangements for supporting pupils at school with medical conditions. At Longfield the functions are conferred to the headteacher and relevant trained staff.

Governors have responsibility to:

- Ensure that this policy is reviewed regularly, accessible to all and the arrangements outlined in the policy are in place to support all pupils with medical conditions.
- Ensure that such children can access and enjoy the same opportunities at school as any other child.

- Ensure that pupils are entitled to a full-time education unless this would not be in the best interests because of their health needs.
- The focus of support is on the need of each individual child and how their medical condition impacts on their school life.
- Ensure that parents and carers have confidence in the policy and its procedures.

Policy implementation

Overall responsibility for the implementation of this policy, ensuring that all staff are aware of the child's condition, and appropriate staff are trained. A first aid certificate does not constitute appropriate training in supporting pupils with medical conditions, all staff identified below, will have additional training to fulfil the requirements as set out in individual health care plans.

Those staff are:

The SENDCO, Miss Mattless

The following named members of school staff will manage the Individual Health Care Plans and are trained to administer medication:

- Mr L Scarr
- Miss C Hogarth
- Mrs K Thomas
- Mr J Griffith

In the event of a visit or activity outside of the normal timetable, the lead member of staff should liaise with the SENDCo to ensure that risk assessments are in place.

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

It is the responsibility of the parent / carer to inform the academy of any medical need. However, information may also be provided through the school nurse service, from other health professionals and other schools through the process of transition.

When notified, we will endeavour to ensure that arrangements are put in place within two weeks. We will offer support, where appropriate, without waiting for a formal diagnosis. Where a pupil's medical condition is unclear, we will consult with parents and professionals to ensure the right support is in place.

Managing Medication/Individual Heath Care Plans (IHCP)

Once we are informed, a meeting will be held between one of the named members of staff above, parents / carers and child. Other agencies may also be involved i.e., Local Authority,

Asthma Nurse, School Nurse, CAMHS if necessary. The aim of the plan should be to capture the steps which we will take to help the pupil manage their condition and overcome any potential barrier to meet their academic potential.

The IHCP will be created in line with the statutory expectations. Templates will be used from the DFE guidance and can be found in Appendices.

Relevant, non-confidential information will be extracted from the IHCP and shared with all staff via email every half term or earlier, if there are changes. Staff who require access to the full IHCP can do so easily via a secure means. The weekly staff bulletin includes updated information on students with medical needs.

All Individual Health Care Plans will be reviewed annually, in partnership with all stakeholders, or as soon as there is a change to the child's medical needs.

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so and appropriate training has been completed by the relevant trained member of staff.

We can only accept medication which is prescribed by a GP and which is clearly labelled with the pharmacists' label detailing dosage, name, frequency of medication etc.

The exception to this is painkillers such as Paracetamol / Ibuprofen and antihistamines, all of which require parental consent. Where possible we will encourage parents/carers to attend the Academy to issue off the shelf medication directly to their children. We do not carry a supply of off the shelf medication in school.

If a child requires medication such as paracetamol on a regular basis, parents / carers must complete the form Appendix D; providing all criteria has been met, we will issue this medication as and when required.

Role of the Headteacher

- To ensure that all staff are aware of their responsibilities and that all staff are aware of pupils' conditions
- To ensure that appropriate staff are trained to implement the policy and procedures effectively in consultation with all stakeholders
- To ensure that all staff are appropriately insured and are aware that they are insured to support pupils.

Role of Parents/Carers

- Should provide the school 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 health care plan
- Should carry out any actions agreed e.g., Provide medication / equipment
- Provide a means of contact at all times

- It is the responsibility of the parent / carer to ensure new and in date medication is received into school. Medicine that is out of date will be routinely disposed of by the Academy. Parents / carers must agree that Any surplus or out of date medication not collected at the end of the school year will be taken to the local pharmacy for safe disposal
- If possible, where a child is taking medication in school, which requires a drink, it would be advisable for parents to provide a small bottle of water, labelled with their name to be kept in school
- All medication, including off the shelf medication, such as paracetamol, must be handed in at reception where a consent form must be signed (Appendix D), dated by the parent / carer to allow administration by academy staff, although we will actively encourage parents / carers to attend the academy to administer this directly.

Role of Pupils

- Pupils with medical conditions will be fully involved in any discussions about their health care plan and given the opportunity to contribute as much as possible to the development of the plan
- Pupils should comply with their plan
- Other pupils should be sensitive to the needs of those with medical plans
- No pupils will be allowed to carry any medication on their person other than inhalers and autoinjectors. All medication, including off the shelf medication, such as paracetamol, must be handed in at reception where a consent form must be signed (Appendix D), dated by the parent / carer to allow administration by academy staff.

The child's role in managing their own medical needs

- Following the IHCP meeting, it will be decided if the pupil is competent to take responsibility for managing their own medicine and procedures
- Children who take their medicines themselves will be supervised in doing so and will have procedures written into their IHCP to attend the pupil services room when it is appropriate for them to do so
- If a child refuses to take their medication, we will not force them to do so but will inform parents / carers
- All use of medication defined as a controlled drug, will be locked away in a secure cabinet, when medication will be administered, this should be done under the supervision of an appropriate member of staff, and this will be by a named member of staff in this policy. We do not encourage pupils to carry medicine to protect the wellbeing of others in the event of misplacing or losing their medication
- In exceptional circumstances, where a child has been prescribed medicine without the knowledge of the parent / carer, we will encourage the child to involve their parents / carers while respecting their right to confidentiality.

Role of School Staff

- A list of all pupils with medical conditions will be collated and updated termly by the SENDCo and distributed to all staff. Mid-term changes will be sent to staff Weekly newsletter. The list will include advice for staff dealing with conditions that may need immediate attention
- Although administering medicines is not part of teacher's professional duties, they should take into account the needs of pupils with medical conditions
- The academy will provide temporary staff and supply staff with relevant information as required regarding pupils with medical conditions
- Staff organising school visits must make themselves aware of any medical needs of pupils involved in the visit, and must liaise with those in charge of the IHCP to ensure this is adhered to while on the visit and risk assessments are in place
- Where required, pupil risk assessments will be completed by nominated staff in conjunction with all stakeholders
- In an emergency, staff are required, under common law duty of care, to act like any reasonably prudent parent / carer. This may include administering medication. All staff will have access to what action to take in an emergency, via the termly lists.
- Staff should not assume that every child with the same condition requires the same treatment.
- If a child needs to be taken to hospital, a member of staff will always accompany them and stay with them until a parent / carer arrives. The school will try to ensure that the member of staff accompanying the child will be one the child is familiar with. Where appropriate the co-ordination of medical assistance and contact of emergency services and parents / carers will be done by nominated staff within the school.
- Where possible, staff named in this policy will administer medication. Dosages should be checked by another member of staff before administering medication to a child. No medication will be administered without seeking consent from a parent / carer.
- Should a child on an IHCP become ill, they must be supervised at all time and must not be sent to Choices Admin unaccompanied.

Staff should also avoid carrying any medication on their person and have it locked away at all times.

Role of school nurse and other health professionals

- Where a school nurse service is available, they should liaise with the school and other health professionals in supporting the formulation of IHCPs
- School nursing teams should be contacted to support the training of staff
- Other health professionals should notify the school nursing team when a child has been identified as having a medical condition
- Other health professionals should provide advice on the IHCPs

- Health services provide inhouse and outreach support and training.

Role of the Local Authority

- Under section 10 of the Children's Act 2004, the LA has a duty to promote cooperation between relevant parties
- The LA should support provide support, advice and guidance, including suitable training for school staff in the compilation of IHCPs and Educational Health Care plans
- Where pupils would not receive a suitable education in school because of their needs, the local authority has a duty to make other arrangements
- The local authority must make joint commissioning arrangements with clinical commissioning groups for education, health and care provision for pupils with SEND
- Clinical commissioning groups should ensure that commissioning arrangements are adequate to provide ongoing support essential to the safety of vulnerable pupils whilst in school
- Home-to-school transport is the responsibility of the local authority. For pupils with life-threatening conditions, a transport healthcare plan will be devised in addition to the IHCP, with the local authority.

Managing medicines on school premises

We will only accept medicines 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.

A pupil will be made aware of where to access their medication during the IHCP meeting. In most cases this will be in the Choices Admin area.

All medication should be stored under secure conditions within the Choices Administration area, and only trained staff named in this policy may have access to this cabinet. There is also a medication fridge within the Choices Admin area, which is used to hold all medication requiring cold storage.

Staff leading on school visits, should seek advice about any medical conditions which may require treatment before the school visit and given any necessary medication. Where appropriate, a copy of the IHCP will be provided or information transferred onto the indemnity form.

Record Keeping

All medication which is administered will be recorded on form appendix E. The form should be fully completed to ensure we comply with what should be recorded in line with statutory expectations.

Individual Health Care Plans are available to view by authorised staff in the Choices Admin area.

Educational Visits (day/residential/sporting)

Risk assessments should be completed for every school visit. It is important that staff organising the visit also include any risks to individual pupils who have a medical condition. Factors to be considered include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

Risk assessments are carried out by the nominated school staff, prior to any school visit or placement and medical conditions are to be considered during this process.

A meeting will be organised by the staff leading the visit or the IHCP lead, with parents/carers, and other professionals where necessary, to ensure that pupils can participate safely. Reasonable adjustments should be made to ensure pupil participation.

Pupils who control their own medication such as inhalers, should take responsibility to ensure they have them on their person during the visit. Staff leading the visit should also check this is the case at the start of the visit.

Emergency procedures

Emergency Inhaler

We hold an emergency salbutamol inhaler for the treatment of pupils with asthma.

The school held inhaler can be used when a pupil's prescribed medical inhaler is not available, provided we have received written consent from the parent / carer. The school will seek consent from any parent / carer of a child with asthma on an annual basis or when newly diagnosed. (see attached letter appendix H)

Defibrillator

We have Automated External Defibrillators (AED) located within the Main Reception, Choices Admin and Sports Hall reception areas.

Serious Medical or First Aid situation

The first responder should contact the emergency services directly as they will be responsible for giving up to date information about the condition of the pupil. They should also contact / arrange contact of parents / carer and liaise with other staff to ensure that the areas are clear of pupils, staff and visitors as appropriate.

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below:

1. Speak clearly and slowly and be ready to repeat information if asked.
2. your telephone number
3. your name
4. your location as follows Longfield Academy, Longfield Road, Darlington. DL3 0HT
5. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code DL3 0HT
6. provide the exact location of the patient within the school setting
7. provide the name of the child and a brief description of their symptoms
8. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
9. The first responder should complete the accident report form record and record the incident information on CPOMS

Asthma Emergency Procedures

(In cases of emergency a First Aider must be present)

Common Signs of an Asthma Attack:

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children express feeling tight in the chest and a tummy ache

Do…

- Keep calm
- Encourage the pupil to sit up and slightly forward – do not hug them or lie them down and make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer and ensure tight clothing is loosened
- Reassure the pupil

Call for an ambulance if…

- The pupil's symptoms do not improve in 5–10 minutes. Continue to make sure the pupil takes two puffs of reliever inhaler every two minutes for five minutes or until their symptoms improve
- The pupil is too breathless or exhausted to talk
- The pupil's lips are blue

- You are in any doubt. Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives

After a Minor Asthma Attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school
- When the pupil feels better, they can return to school activities
- The parent / carer should be informed if their child has had an asthma attack either by telephone and if they have used the school emergency use inhaler

Important Things to Remember in an Asthma Attack

- Never leave a pupil having an asthma attack
- If the pupil does not have their inhaler and/or spacer with them, send someone to the Choices Admin to get their spare inhaler and/or spacer
- In an emergency situation, school staff are required under common law, duty of care, to act like any reasonably prudent parent / carer
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing
- Send a pupil to get another first aider / incident co-ordinator, if an ambulance needs to be called
- The first aider will contact / arrange for the pupil's parents / carers to be contacted immediately after calling the ambulance
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent / carer arrives
- Do not cancel an ambulance once called, even if the pupil's condition appears to have improved

Diabetes Emergency Procedures Hyperglycaemia

If a pupil's blood glucose level is high and stays high

Common symptoms:

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision

Do..

- Call the pupil's parents / carers who may request that extra insulin be given, and bloods will be checked again after 30 minutes

- The pupil may feel confident to give extra insulin

First Aider should call 999 if the following symptoms are present:

- Deep and rapid breathing (over-breathing)
- Vomiting
- Breath smelling of nail polish remover

Hypoglycaemia

What causes a hypo?

- Too much insulin
- A delayed or missed meal or snack
- Not enough food, especially carbohydrate
- Unplanned or strenuous exercise
- Drinking large quantities of alcohol or alcohol without food

Symptoms can include:

- Hunger
- Trembling or shakiness
- Sweating
- Anxiety or irritability
- Fast pulse or palpitations
- Tingling
- Glazed eyes
- Pallor
- Mood change, especially angry or aggressive behaviour
- Lack of concentration
- Vagueness
- Drowsiness

Do…

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- a glass of Sports Drink, coke or other non-diet drink
- three or more glucose tablets
- a glass of fruit juice
- GlucoGel (if available from Pupil's Diabetic Kit) the exact amount needed will vary from person to person and will depend on individual needs and circumstances.
- After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate. This will be sufficient for a pump user but for

pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again
- If the pupil still feels hypo after 15 minutes, something sugary should be given again
- When the child has recovered, give them some starchy food, as above

Call for an ambulance if…

- If the pupil is unconscious
- If the pupil is not recovering

Epilepsy Emergency Procedures

First aid for seizures can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having.

Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic Clonic Seizures Symptoms:

- The person loses consciousness, the body stiffens, then falls to the ground
- This is followed by jerking movements
- A blue tinge around the mouth is likely, due to irregular breathing
- Loss of bladder and/or bowel control may occur
- After a minute or two the jerking movements should stop, and consciousness slowly returns

Do…

- Protect the person from injury – (remove harmful objects from nearby)
- Cushion their head
- Quietly clear the classroom / area of around the child if you think this is necessary
- Once the seizure has finished, gently place them in the recovery position to aid breathing
- Keep calm and reassure the person
- Stay with the person until recovery is complete
- Record information on the seizure, pass to paramedics or parent / carer
- Ensure the first aid responder records the seizure information on CPOMS
- Ensure the First Aider records their account of the incident and any First Aid / Medication given and uploads to CPOMS

Don't…

- Restrain the pupil
- Put anything in the pupil's mouth
- Try to move the pupil unless they are in danger

- Give the pupil anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if…

- You believe it to be the pupil's first seizure
- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures
- The pupil is injured during the seizure
- You believe the pupil needs urgent medical attention. Seizures involving altered consciousness or behaviour

Simple Partial Seizures Symptoms:

- Twitching
- Numbness
- Sweating
- Dizziness or nausea
- Disturbances to hearing, vision, smell or taste
- A strong sense of Déjà vu

Complex Partial Seizures Symptoms:

- Plucking at clothes
- Smacking lips, swallowing repeatedly or wandering around
- The person is not aware of their surroundings or of what they are doing

Atonic Seizures Symptoms:

- Sudden loss of muscle control causing the person to fall to the ground. Recovery is quick

Myoclonic Seizures Symptoms:

- Brief forceful jerks which can affect the whole body or just part of it. The jerking could be severe enough to make the person fall

Absence Seizures Symptoms:

The person may appear to be daydreaming or switching off

They are momentarily unconscious and totally unaware of what is happening around them

Do…

- Guide the person away from danger
- Stay with the person until recovery is complete

- Keep calm and reassure the person
- Explain anything that they may have missed
- Quietly clear the classroom / area around the child if you think this is necessary
- Record information on the seizure, pass to paramedics or parent / carer
- Ensure the First Aider records their account of the incident and any First Aid / Medication given and uploads to CPOMS

Don't…

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call 999 for an ambulance if…

- One seizure follows another without the person regaining awareness between them
- The person is injured during the seizure
- You believe the person needs urgent medical attention
- Do not cancel an ambulance once called, even if the pupil's condition appears to have improved

Intimate Care

The following are the fundamental principles upon which the intimate care will be provided:

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- Every child has the right to be involved and consulted in their own intimate care to the best of
- their abilities
- Every child has the right to express their views on their own intimate care and to have such views taken into account
- Every child has the right to have levels of intimate care that are as consistent as possible

Staff who work with young children or children / young people* who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some pupils are unable to do because of their young age, physical difficulties or other special needs.

Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care.

Children's dignity will be preserved, and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Longfield Academy work in partnership with parents / carers to provide continuity of care to children / young people wherever possible.

No child should be attended to in a way that causes distress or pain.

Approach to Best Practice: Medical procedures for Intimate Care

All children who require intimate care will have a care plan drawn up with consultation with parent / carer, child, health professional and school staff as per the IHCP section of this policy. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer.

Staff who provide intimate care will be trained to do so (including safeguarding) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, one child will be cared for by one adult,

unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Each child / young person will have an assigned senior member of staff to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Medical Procedures

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents / carers, documented in the health care plan or One Page Profile and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with DfE guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents / carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

Nut Allergies

Longfield Academy is a nut free school. The school catering team take great care to ensure that food prepared and cooked within the school kitchen does not contain nuts. In addition, Food Technology Teachers also operate a nut free policy within practical food lessons. Furthermore, Staff and pupils are asked to observe the nut free rule when bringing snacks and/or lunch into school.

We have a duty of care to all pupils, we will work together to minimise the risks to pupils by asking parents not to send in items in packed lunches marked 'does contain nuts' or 'contains peanuts'; lunchtime staff will be alert to obvious signs of nuts being brought into school and any nut/nut products found to be brought into school, will be bagged up and returned. If the pupil who has brought in nuts/nut products will be asked to wash his/her hands after eating (foods not permitted include: packs of nuts, peanut butter sandwiches, Nutella, chocolate bars containing nuts and cakes with nuts in them).

Airborne allergic reactions are very rare. Usually, a person has to ingest or directly come into contact with the protein (usually found in peanuts) in order to suffer an allergic reaction.

It is not possible to ensure that the Academy is 100% nut free but we will strive to reduce risks as much as we can by working with parents, pupils and staff to manage and reduce the risks of allergic reactions to nuts.

Disclaimer: Whilst every effort is made to maintain a nut free environment, products such as chocolate (which may have been manufactured / packaged within the same factory) are used / consumed on school premises.

Complaints

We will endeavour to provide the best level of support for pupils experiencing medical issues.

Should a parent be dissatisfied with the support provided they should discuss their concerns directly with the member of staff who they met with to formulate the IHCP or the SENDCO.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Insurance

The Academy recognises the requirement to ensure an appropriate level of insurance is in place and thus is a member of the Department for Education's Risk Protection Arrangement (RPA). Full details of the cover can be found at:

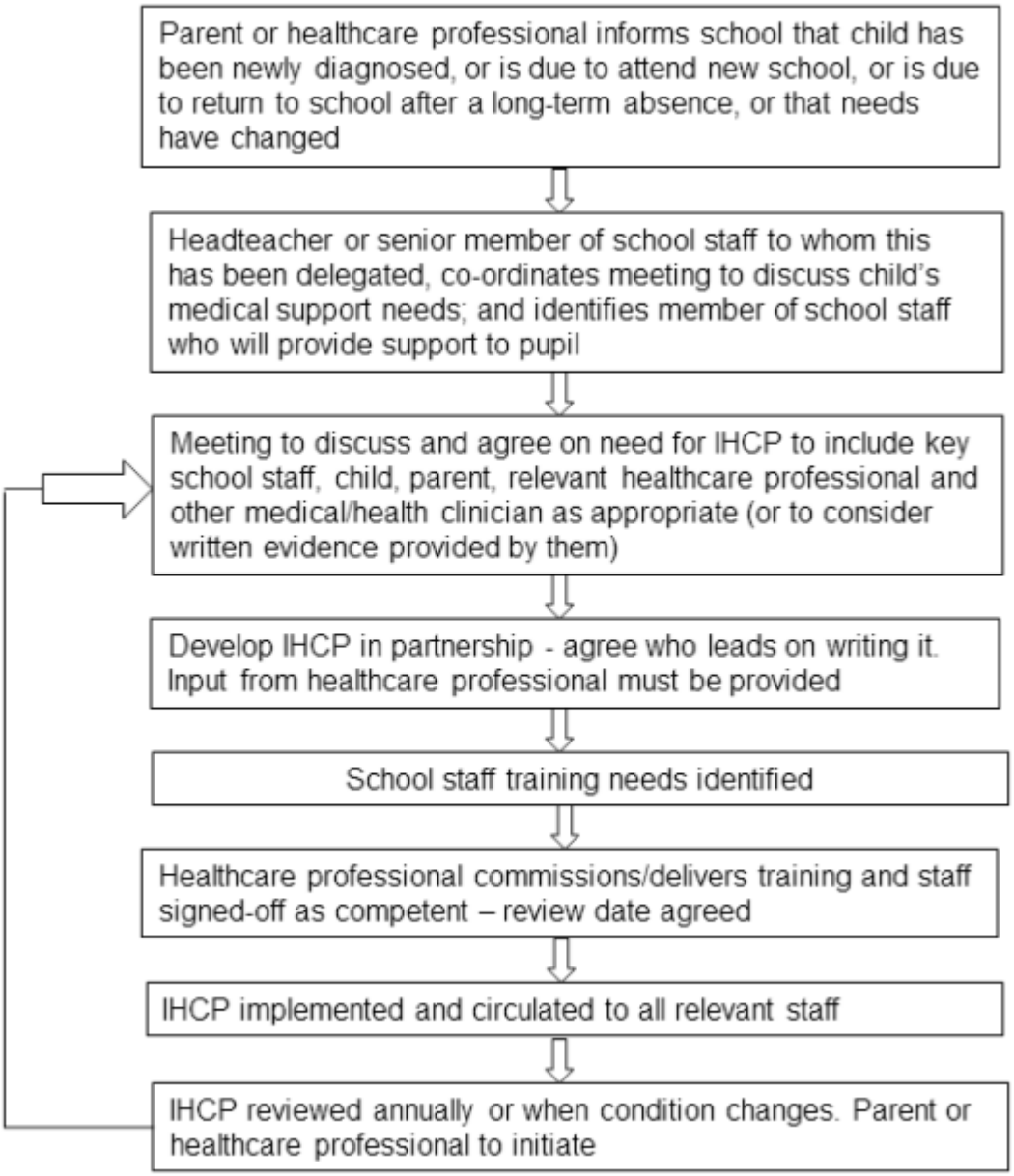
The risk protection arrangement (RPA) for schools - GOV.UK (www.gov.uk)

Details of the Academy's cover and contact information is held and displayed with both the Academy's Administration Manager and Trust Business Manager. Named personnel are encouraged to speak directly with the Trust Business Manager if they have any concerns or question regarding their level of protection.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

Appendix A

Model process for developing individual healthcare plans (IHCP)



Appendix B

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

Appendix C

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

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 D

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			

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			

Appendix E

Record of medicine administered to all children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix F

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 _____

Appendix G

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
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 school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix H

Model letter inviting parents to contribute to individual healthcare plan development.

Dear Parent / Carer,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership 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,

Appendix I

Planned updates to monitoring, tracking and recording of medical needs

Following the successful integration of Arbor into our school systems, all medical incidents are now recorded on Arbor.