Hepworth J & I

Policy on Supporting Pupils at School with Medical Conditions

April 2023

Version 6.0
Final

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1 Introduction

Kirklees Council Children's Services are committed to ensuring that all children and young people in the district receive a good education to maximise the learning potential of each individual. A fundamental part of our local offer aims to ensure that all children and young people are given the opportunity of an inclusive education that meets their specific needs.

Schools in Kirklees, as in the rest of the country, (including maintained schools, maintained nursery schools, academies, alternative provision academies, pupil referral units) are required, by law, to make arrangements for supporting pupils at their school with medical conditions.

For example, schools should not penalise children with medical needs if they need to attend medical appointments during the school day. The attendance of appointments should not affect the pupil's school attendance record and their being able to participate in achieving good attendance activities.

The duty is detailed in Section 100 of the Children's and Families Act 2014[1] and the Department for Education's statutory guidance entitled Supporting Pupils at School with Medical Conditions[2] has been produced to assist schools to understand and comply with this legislation.

Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010[3]. Where this is the case schools must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health, and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.

2 Personal Information

The handling of personal information under this policy will be in line with the Council's and or schools privacy statement. Details of the Council's privacy statement can be found on the following link:

https://www.kirklees.gov.uk/beta/information-and-data/how-we-use-your-data.aspx

[1] http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted
[2] https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
[3] https://www.gov.uk/guidance/equality-act-2010-guidance#equalities-act-2010-legislation

3 Statutory Guidance – Key Points

The key points detailed in the DfE's statutory guidance (Supporting Pupils at school with Medical Conditions[2]) indicate that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

- Governing Bodies must ensure that arrangements are in place in schools to support pupils at school with medical needs.

- Governing Bodies should ensure that school leaders consult health and social care professionals, pupils, and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

The statutory guidance also indicates that schools should develop a policy for supporting pupils with medical conditions and that there should be a named person who is responsible for the practical implementation of this policy with each school.

4 Key Roles and Responsibilities

4.1 Governing Body

The Governing Body must:

- Make arrangements to support pupils with medical conditions in school to enable the fullest participation possible in all aspects of school life.
- Make sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- Ensure that sufficient staff (keyworkers) have received suitable training and are competent before they take on responsibility to support pupils with medical conditions.

4.2 Head Teacher/Manager of Childcare Setting

The Head Teacher/Manager of Childcare Settings has the responsibility to:

- Ensure that a school policy is developed and effectively implemented.
- Ensure all staff (including temporary staff, trainees, work placements, etc.) are aware of the policy for support pupils with medical conditions at school and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the pupil's medical condition.
- Ensure that sufficiently trained numbers of staff are available to implement the policy and deliver against all Health and Care Plans (HCP), including contingency and emergency situations.
- Ensure HCP are developed, reviewed and reflective of needs.
- Ensure that any specific healthcare/action plans produced by professionals (e.g., allergy action plan, diabetes healthcare plan, etc.) are included with the HCP.
- Ensure that systems are in place to check that medicines held in school is in line with the pupil's individual healthcare plan and is within date.
- Ensure school staff are appropriately insured to support pupils with medical conditions.
- Liaise with all interested parties, as appropriate, around supporting pupils at school with medical needs.
- Assess whether there are benefits to educating all pupils on different allergies, medical conditions, etc. and the consequences of exposure to allergens, etc. Ensure any education is delivered in the most appropriate manner for the age of the pupils.
- Inform the school nursing service if any new information comes to light concerning a pupil with medical conditions.

4.3 School Staff

School staff have a responsibility to:

- Be aware of the potential triggers, signs, and symptoms of common medical conditions and know what to do in an emergency.
- Understand the school's policy for supporting pupils with medical conditions in school.
- Ensure they are trained to achieve the necessary competence.
- Know what to do and respond accordingly when a pupil with medical conditions needs help.
- Know which pupils in their care have a medical condition and be familiar with the content of their HCP.
- Allow all children where appropriate to have immediate access to their emergency medicines.
- Maintain effective communication with parents/carers including informing them if their child has been unwell.
- Ensure children who carry their medicines with them have it with them at all times including for off-site visits or where they may be relocated to another part of the school.
- Be aware of children with medical conditions who may be experiencing bullying or need extra social support.
- Ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure children have the appropriate medicines or food with them during any exercise and are allowed to take it when needed.
- Liaise with School Nurses (0-19 service) and specialist teams to agree the most appropriate method(s) for pupils who have been unwell to catch up on missed schoolwork.
- Call for support, including other teachers or 999 if a medical emergency occurs for a student during school time or on a school off-site visit.

4.4 0-19 Health Practitioners, Children's Community Nurses, and Specialist Nurses

0-19 Health Practitioners, Children's Community Nurses and Specialist Nurses have the responsibility to:

- Inform the school when a child has been identified as having a medical condition, if known, which requires support in school.
- Support the school, along with specialist teams, in the development and implementation of the HCP.
- Support the school, along with specialist teams, in developing and reviewing the school's medical needs policy.
- Working in partnership with parents/carers and the head teacher, acting as the initial point of contact and liaison for clinical training needs identification, liaison, and signposting.
- Liaise with lead clinicians locally on appropriate support and to provide information about where the school can access other specialist training.

4.5 Pupils

Pupils as far as is reasonably practicable have the responsibility to:

- Be involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their HCP.
- Look after their medicines and keep them safe when it is agreed they will keep their medicines in their own possession.
- Tell their parents/carers or teacher or nearest staff member when they are not feeling well.
- Know how to gain access to their medicines in an emergency.
- Subject to their age and understanding know how to take their own emergency medicines, to take when needed and notify a teacher as appropriate.
- Treat other children with and without a medical condition equally.
- Let a member of staff know if another child is feeling unwell.
- Let any child take their medicines when they need them and ensure a member of staff is notified.
- Ensure a member of staff is called in an emergency situation.

4.6 Parents/Carers

The parents/carers have the responsibility to:

- Provide the school with sufficient and up-to-date information about their child's medical needs and ensure that medicines required by their child are replaced prior to them going out of date.
- Work with the school to develop and review the child's individual healthcare plan.
- Carry out and agreed actions as part of the implementation of the HCP (e.g., provide medicines, equipment, and ensure a nominated adult is contactable at all times).
- Liaise and agree with the Head Teacher the conditions that preclude the child from attending school. This should be documented in the pupil's HCP.
- Keep their child at home if they are not well enough to attend setting.
- Ensure their child catches up on any work they have missed.
- Inform School Transport, where a child has home to school transport, of any medical needs that their child suffers from.
- Provide other settings who may care for their child (e.g., after school clubs, breakfast clubs, youth services, etc.) with sufficient and up-to-date information about their child's medical needs.

4.7 Healthcare Providers

Healthcare providers have the responsibility to:

- Notify the 0-19 Service, when a child has been identified as having a medical condition that will require support at school.
- Provide information to support the child's HCP development and review.
- Ensure children have regular reviews (at least annually) of their condition and their medicines.

4.8 Local Authority

The Local Authority has the responsibility to:

- Public Health has responsibility for commissioning the Healthy Child Programme. School nursing teams lead on delivering interventions in the 5-19 service.
- Promote co-operation between relevant partners with a view to improving the wellbeing of pupils regarding their physical and mental health and their education, training, and recreation.
- Make joint commissioning arrangements (with ICBs) for education, health, and care provision for children with SEN and/or disabilities.
- Provide support, advice, and guidance, including suitable training for school staff, to ensure that the support specified within HCP can be delivered effectively.
- Work with schools to support pupils with medical conditions to attend full-time.
- Make other arrangements where pupils are unable to receive a suitable education in mainstream school because of their health needs[4].

It is a statutory requirement that the Local Authority has a named person responsible for the education of pupils with additional health needs. In Kirklees the named person is:

Name: Jo-Anne Sanders
Designation: Service Director – Learning and Early Support
Email: jo-anne.sanders@kirklees.gov.uk
Telephone: 01484 221000 (ask for by name)

Kirklees Council Emergency Planning Team is the single point of contact to provide advice, support and guidance to schools in relation to medical needs education provision and can signpost to specialist advice as required.

The details for the Emergency Planning Team are:

Email: emergency.planning@kirklees.gov.uk
Telephone: 01484 221000 (ask for Emergency Planning)

[4] https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school

4.9 Home to School Transport (Passenger Travel Team)

If a child needs supervision or access to medicines during the journey between home and school, and travel assistance using a taxi/minibus is organised by the local authority, properly trained passenger assistants are provided if appropriate for the child's individual needs. All passenger assistants and drivers receive training and know what to do in a medical emergency and are aware of any children in their care who have specific needs. Passenger Assistants are also trained to administer emergency medicines (e.g.buccal midazolam, adrenaline auto injectors, inhalers for asthma) and have access to the relevant information (from the office team, information on the medicine label, etc.).

School Transport work closely with schools, parents/carers and other Council services to ensure relevant information is shared and kept up to date.

Home to school transport have responsibility to:

- Have policy in place identifying their role requirements.
- To carry out a risk assessment for each child to determine whether transport can be provided to transport the child safely.
- Provide appropriate information to drivers and passenger assistants on children who are placed in their care whilst being transported between setting and home and vice-versa.
- Train passenger assistants in the administration of emergency medicines in extreme circumstances.
- School bus drivers and passenger assistants will be trained by appropriate personnel in risk reduction procedures, recognition of allergic reactions and implementation of bus emergency plan procedures.
- Ensure each vehicle used for home to school transport has some form of communication by which to summon help in an emergency
- Staff who accompany children on home to school or school to home transport must ensure that all medicines are available for use by either the passenger assistants (in accordance with training and role responsibilities) or by paramedics.
- Ensure safe custody of medicines during transportation.
- Where parents/carers have not provided relevant medicines and fulfilled their responsibilities outlined in 3.6 the child can be refused permission to travel on the organised transport.

4.10 Integrated Care Boards (ICBs)

ICBs have the responsibility to:

- Ensure that commissioning of healthcare professionals (such as specialist nurses) is responsive to children's needs, and that health services can co-operate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements (with local authorities) for education, health, and care provision for children with SEN or disabilities.
- Be responsive to local authorities and schools seeking to strengthen links between health service and schools.

4.11 Ofsted

Ofsted inspectors have the responsibility to:

- Consider how well a school meets the needs of the full range of pupils, including those with medical conditions.

5 School Policy and Other Related Records

The Governing Body must ensure that the school develops a policy for supporting pupils with medical conditions that is reviewed regularly, at least every 3 years, and is readily accessible to parents/carers and school staff.

The policy must address the following points:

- How the school policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.
- The policy must set out the procedures to be followed whenever the school is notified that a pupil has a medical condition.
- The policy must cover the role of HCP, and who is responsible for their development.
- The policy must clearly identify the roles and responsibilities of all those involved in the arrangements made to support pupils at school with medical conditions.
- The policy must set out clearly how staff will be supported in carrying out their role in supporting pupils with medical conditions, and how this will be reviewed. It should specify how training needs are assessed, and how and by whom training will be commissioned and provided (Initially, the School Nursing Service should be contacted re: access to training).
- The policy must cover arrangements for pupils who are competent to manage their own health needs and medicine.
- The policy must be clear about the procedures to be followed for managing medicines on school premises, on off-site educational visits and work experience (if applicable).
- The policy must outline what should happen in an emergency situation.
- The policy must be explicit about what practice is not acceptable.
- The policy must set out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

Parents/carers will be encouraged to administer required medicines and undertake any medical procedures outside of the school day where this is possible.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

It is important that the school ensures that written records are retained of all medicines administered to pupils.

The school also needs to ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or sporting activities, and not prevent them from doing so.

Maintained schools and management committees of Pupil Referral Units should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies should ensure that either the appropriate level of insurance is in place or the academy is a member of the Department for Education's Risk Protection Arrangement (RPA)[5].

For additional information please refer to the DfE's statutory guidance Supporting Pupils at School with Medical Conditions[6].

Also please refer to Appendix C for an example school policy template and associated forms.

6 Medication and Medical Conditions

6.1 Non-Prescription Medicines

Non-prescription medicines are medicines which can be bought from a pharmacy or other shop e.g., a supermarket.

These medicines, including liquid, tablets and creams can be administered in school.

The latest advice from the NHS England to Integrated Care Boards (ICBs)[7] is that GPs should not write prescriptions for items which can be purchased over the counter (OTC). Therefore, schools and early years settings are likely to get more requests from parents to administer OTC medicines.

Medicines must be provided in the original packaging, with clear directions and written records must be kept in line with the school policy.

The school must obtain written consent from the parent/carer and confirmation that the child has used this medicine before and did not suffer any allergic or other adverse reaction. The school must also confirm that the maximum dosage will not be exceeded if they are administered.
Please note: the DfE's statutory guidance Supporting Pupils at School with Medical Conditions[6] states a child under 16 should never be given medicine containing aspirin unless prescribed by a health care professional.

[5] https://www.gov.uk/government/publications/risk-protection-arrangement-rpa-for-academies/academies-risk-protection-arrangement-rpa
[6] https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
[7] https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/

6.2 Prescription Medicines

Prescription medicines are usually supplied following a consultation with a health care professional who has written a prescription for the child.

The medicine must have a dispensing label with clear directions for administration and written records must be retained in line with the school's policy for support pupils with medical conditions at school. (It is noted that for some medicines eg insulin it is the box that is labelled rather than the individual item within the box. In this instance the individual item must be clearly labelled with the pupils name and class and the directions for use documented in the child's plan.

Where possible the child should have used the medicines before it is administered by school to ensure they do not suffer any allergic or other adverse reaction.

The parent/carer must speak to the health care professional or pharmacist supplying the medicines to determine whether the timing of medicines can be such that administration during school time is minimised.

6.3 Adrenaline Auto-injectors (Anaphylaxis)

Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. Symptoms can include an itchy rash, throat or tongue swelling, shortness of breath, vomiting, light-headedness, and low blood pressure. These symptoms typically come on over minutes to hours. Individuals who have had an anaphylactic reaction previously will have been prescribed an injection that contains adrenaline to carry with them. They should also have been prescribed a spare in case the auto-injector does not work, or the person needs a second dose.

Anaphylaxis training in schools can be accessed online. These evidence-based packages are developed specifically for school staff and can be accessed at AllergyWise - Online Allergy Training Courses | AllergyWise Alternatively face to face training can be commissioned and provided.

Staff and pupils who will come into contact with a student who has an allergy which requires adrenaline must have knowledge of:

- What happens in an anaphylactic reaction.
- Common causes of anaphylaxis including the specific triggers for the pupil concerned.
- Emergency treatment with adrenaline injectors.
- Management of severely allergic children in school, including practical tips for avoiding a crisis.

In primary schools the child's treatment is to be kept in a safe place in the classroom and should move with the child if they are elsewhere in the school. In high school pupils should be allowed to carry their own adrenaline.

- http://www.emerade.com/instruction-video
- http://www.jext.co.uk/jext-video-demonstrations.aspx
- http://www.epipen.co.uk/patients/epipenr-user-guide/

Under current legislation[8] schools can buy adrenaline auto-injector devices, without a prescription, for use in emergencies.

[8]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

6.4 Inhalers (Asthma)

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood.

Asthma is usually treated by using an inhaler, a small device which allows the person to breathe in the medicine.

The main types are:

- reliever inhalers – used when needed to quickly relieve asthma symptoms for a short time
- preventer inhalers – used every day to prevent asthma symptoms occurring

In the majority of, cases the preventer inhaler will be used morning and night therefore the child should not need to bring these into school. There may be some exceptions to this, but this should be outlined in the child's individual healthcare plan.

Children diagnosed with asthma will need to carry a reliever inhaler with them or have it close by, to use when they experience symptoms.

Schools must provide education and training for staff on asthma, either on-line or face to face. Schools can find asthma e-learning courses online.

Training allows staff to support children who have asthma by raising awareness of the condition and how it's managed and exploring plans schools may need to ensure that children with asthma are supported.

Under current legislation[9] schools can buy salbutamol inhalers and spacers, without a prescription, for use in emergencies.

6.5 Anticonvulsant/Anti-Seizure Medication (Epilepsy)

Epilepsy is a neurological condition that disrupts the normal electrical activity our brains use to communicate with the rest of the body. This disruption causes epileptic seizures.

Epileptic seizures can take many forms and result in involuntary muscle movements or changes in sensation, behaviour, or consciousness.

Most epileptic seizures only last up to a few minutes and stop without any treatment. Some may last longer and emergency medicines will be needed to stop them.

Every child with epilepsy should have an individual epilepsy care plan to manage their condition and an emergency medicine plan if this is prescribed. These should be incorporated into their individual healthcare plan.

[9] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Staff administering emergency epilepsy medicines will require training to understand the child's condition and how to administer these medicines.

6.6 Insulin (Diabetes)

Diabetes is a lifelong condition that causes a person's blood glucose level to become too high (hyperglycaemic). Most children with diabetes will take medicines (such as insulin) that lowers their blood glucose.

If a student's blood glucose gets too low this is known as hypoglycaemia and they will require treatment to raise it to a normal level.

Each child with diabetes will have a health care plan provided by the diabetes team that should be included in their individual healthcare plan.

Children and young people who are feeling they might be hypoglycaemic should not be moved and equipment should be brought to them as any activity could further lower their blood glucose and be life threatening.

In primary schools the child's hypoglycaemia treatment must be kept in a safe place in the classroom and move with the child if they are elsewhere in the school. High school children must be allowed to carry their blood glucose meters and hypoglycaemia treatment with them so they can test at the point when they feel unwell and treat themselves.

School staff must discuss with the child where they feel happiest being given insulin or the giving their own insulin and record this in their individual healthcare plan.

In the year before starting high school the diabetes team encourage the pupil, especially in the last term, to be more independent to help with their transition to high school.

7 Policy Administration

- **GSC[10]:** The Government Security Classifications level controls how the document can be shared and should be in the header and footer of a document presented in capitals. This document has been classified as OFFICIAL because it does not contain any information deemed to be of a sensitive nature that is not already available within the public for a. Also, most of the information relates to routine business operations and services.

- **Publication and Distribution:** This document will be published and distributed by the Kirklees Council Emergency Planning Team. **Appendix A** identifies how this document is published and distributed to its required audience.

- **Review and Maintenance:** This plan will be reviewed and routinely maintained by the Kirklees Council Emergency Planning Team and relevant colleagues. This document will undergo a full review every 36 months.

- **Audit Trail:** Version control is present and will be updated when changes are made to this plan. Changes made will be recorded within the amendments table in **Appendix B**.

8 List of Appendices

Appendix A	Distribution List
Appendix B	Table of Progress and Amendments
Appendix C	School Policy Template and Associated Records

[10] https://www.gov.uk/government/publications/government-security-classifications

Appendix A Distribution List

On finalisation, Version 2.0 of this document has been sent to the following:

Organisation	Contact (Name and Job Role)	Format Sent (Format e.g. email, hard copy, resilience direct)
Kirklees Council	Mel Meggs	Email
Kirklees Council	Jo-Anne Sanders	Email
Kirklees Council	Natalie McSheffrey	Email
Kirklees Council	Khalid Razzaq	Email
Kirklees Council	Rachel Spencer-Henshall	Email
Kirklees Council	Emily Parry-Harries	Email
Kirklees Council	Jane O'Donnell	Email
Kirklees Council	Sean Westerby	Email
Locala	Rachel Urban	Email
Kirklees ICB	Patrick Heaton	Email
Schools and Academies including Governors		Via Kirklees Business Solutions

Appendix B Table of Progress and Amendments

Version	Date	Created by / Amendments made by	Comments
Version 0.1 Draft	February 2019	Created by Jason Shirazi	Sent out for consultation to Health colleagues.
Version 0.2 Draft	May 2019	Amended with comments from initial consultation	Sent to Natalie McSheffrey for wider consultation within the learning arena.
Version 0.3 Draft	July 2019	Amended with comments from consultation (via Natalie McSheffrey) and the Coroner's matters of concern from the Prevention of Future Deaths (PFD) report – Karanbir Cheema.	Re-issued to Natalie McSheffrey for continued consultation.
Version 0.4 Draft	September 2019	Amended with comments from School Transport and added in consultee table.	Re-issued to Natalie McSheffrey for continued consultation.
Version 1.0 Final	November 2019	Amended with comments received from Schools	Plan finalised and issued.
Version 2.0 Final	December 2019	Amended sections 6.1, 6.3 and 6.4 to highlight current legislation as per comments from North Kirklees ICB	Plan finalised and issued.
Version 3.0 Final	January 2020	Amended sections 6.2 and 6.4 to highlight comments relating to insulin as per comments from Locala	Plan finalised and issued.
Version 4.0 Final	February 2022	Amended section 4.9 to highlight comments from Home to School Transport (Passenger Travel Team)	Plan finalised and issued.
Version 5.0 Final	April 2022	Amended section 6.4.	Plan finalised and issued
Version 6.0 Final	April 2023	Full review of plan by Laura Drew and Sean Westerby	Sent for wider consultation to those identified in Appendix C

Appendix C Policy Consultees

Organisation / Service
Kirklees Council – Emergency Planning
Kirklees Council – Public Health
Kirklees Council – Employee Healthcare
Kirklees Council – Learning Senior Leadership Team
Kirklees Council – Schools and Settings
Kirklees Council – SENDACT
Kirklees Council – Education Safeguarding Team
Kirklees Council – Home to School Transport (Passenger Travel Team)
Locala
Kirklees ICB
Calderdale and Huddersfield NHS Foundation Trust
Mid Yorkshire NHS Trust
Schools
Trade Unions

Appendix D Example School Policy Template and Associated Forms

Document Summary:

This policy template has been produced to help schools and early years settings develop an effective management system to support pupils and young people with medical conditions, in accordance with Kirklees Council's Policy on Supporting Pupils at School with Medical Conditions and the DfE's Supporting Pupils at School with Medical Conditions statutory guidance.

Please amend, as appropriate, to reflect your school and early years setting.

Policy for the Education of Pupils at School with Medical Conditions and the Administration of Medicines

Responsible Person	**Mark Crouch**
Date Ratified by Governors	**16-5-23**
Date for Review	**16-5-24**
Signed – Chair of Governors	**Celia Poole**
Signed – Head Teacher	**Mark Crouch**

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1. Introduction

1.1. This policy is written in line with the requirements of:

- Children and Families Act 2014 – Section 100.
- Supporting Pupils at School with Medical Conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE) December 2015.
- Special Educational Needs and Disability (SEND) Code of Practice, DfE January 2015.
- Mental Health and Behaviour in Schools: Departmental Advice for School Staff, DfE November 2018.
- Equalities Act 2010
- School Admissions Code, DfE December 2014
- Kirklees Council Policy on Supporting Pupils at School with Medical Conditions.

1.2. This policy should be read in conjunction with the following school policies SEND Policy, Safeguarding Policy, Complaints Procedures.

1.3. This policy was developed with the support of school staff and governors and will be reviewed annually.

2. Definitions of Medical Conditions

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

- **Short-term:** affecting their participation at school because they are on a course of medicine.
- **Long-term:** potentially limiting access to education and requiring on-going support, medicines, or care while at school to help them to manage their condition and keep them well, monitoring and intervention in emergency circumstances. It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe. (Further information on specific medical conditions is available in the Kirklees Council Policy on Supporting Pupils at School with Medical Conditions)

2.2. Some pupils with medical conditions may be considered disabled under the definition set out in the Equalities Act 2010. Where this is the case, the Governing Body complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a Health Care Plan (HCP) which brings together health and social care needs, as well as their special educational provision. For pupils with SEN, this policy should be read in conjunction with the SEND Code of Practice which explains the duties of the Local Authority, health bodies and the school to provide for those with SEN. For pupils who have medical conditions that require Health Care Plans, compliance with the SEND Code of Practice ensures compliance with this policy in respect to those pupils.

3. The Role of the Governing Body

3.1. The Governing Body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Governing Body of Hepworth J & I School fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child.
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Ensuring that the arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures, and systems are properly and effectively implemented.
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents/carers and school staff (this policy).
- Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation).
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notification is received that a pupil has a medical condition).
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions and that they are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed (see section below on individual healthcare plans).
- Ensuring that the policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support).
- Ensuring that the policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs).
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises).
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures).
- Ensuring that the arrangements are clear and unambiguous 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 (see section below on day trips, residential trips, and sporting activities).

- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice).
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section below on liability and indemnity).
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section below on complaints).

4. Policy Implementation

4.1. The statutory duty for managing arrangements for supporting pupils at school with medical conditions rests with the Governing Body. The Governing Body have delegated the implementation of this policy to the staff below, however, the Governing Body remains legally responsible and accountable for fulfilling our statutory duty.

4.2. The overall responsibility for the implementation of this policy is given to Mr Mark Crouch. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

4.3. Mr Mark Crouch will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

4.4. Mr Mark Crouch will be responsible in conjunction with parents/carers, for drawing up, implementing, and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

4.5. All members of staff are expected to show commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

5. Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition

5.1. This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Hepworth J & I School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Hepworth J & I School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

5.2. In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may by more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure parents/carers and pupils

have the confidence in our ability to provide effective support for medical conditions in school, so that arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

5.3. We will ensure that staff are properly trained and supervised to support pupil's medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in off-site visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician, such as a GP, states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk, for example, from infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

5.4. Hepworth J & I School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure the right support can be put in place, these discussions will be led by the Headteacher, and then an individual healthcare plan will be written in conjunction with the parents/carers by the SENDco, and put in place.

6. Health and Care Plan (HCP)

6.1. HCP will help ensure that we effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom (parents/carers will be encouraged to administer medicines, undertake any medical procedures outside of the school day where this is possible). They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all pupils will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Head Teacher, Mark Crouch, is best placed to take a final view.

Attached as **Appendix 1** is the process the school follows for developing HCP.

6.2. HCP will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the pupil effectively. The level of detail within the plan will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support. Where a pupil has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

6.3. HCP (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g., school, specialist or children's community nurse, who can best advise on the particular needs of the pupil. Attached as **Appendix 2** is the model letter inviting parents/carers to contribute to the individual healthcare plan development. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Hepworth J & I School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

6.4. We will ensure that HCP are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They will be developed and reviewed with the pupil's best interests in mind and will ensure that we assess and manage the risks to the pupil's education, health, and social wellbeing, and minimises disruption. Where a pupil is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.

6.5. Where home to school transport is being provided by Kirklees Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where pupils have a life-threatening condition or a medical need that requires an emergency response, HCPs should be carried on the vehicle detailing the procedure to be followed in the event of an emergency.

6.6. HCP (see **Appendix 3** for a plan template) will suit the specific needs of each pupil, but will include the following information:

- The medical condition, its triggers, signs, symptoms, and treatments.
- The pupil's resulting needs, including medicines (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage the 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 e.g., how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medicines, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the 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/carers and the Head Teacher, for medicines to be administered by a member of staff or self-administered by the pupil during school hours (see **Appendix 4**).
- Separate arrangements or procedures required for off-site visits 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/carer/pupil, the designated individual is to be entrusted with information about the pupil's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- Copies of specific HCP produced by professional (e.g., allergy action plan, diabetes healthcare plan, etc.).

7. Roles and Responsibilities

7.1. Please refer to the section on policy implementation for the functions document that have been delegated to different, named members of staff at Hepworth J & I School.

7.2. In addition, we can refer to the **School Nursing / 0-19 Practitioners** for support with drawing up individual healthcare plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

7.3. Other **healthcare professionals, including GPs and paediatricians** should notify the School Nursing / 0-19 Practitioners when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g., asthma, diabetes, epilepsy, etc.).

7.4. **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.

7.5. **Parents/carers** should provide the school with sufficient and up-to date information about their child's medical needs. They may, in some cases, be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation e.g., provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

7.6. **Kirklees Council** will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

7.7. **Providers of health services** co-operate with the school as it supports children with medical conditions. They provide valuable support, information, advice and guidance to the school, and their staff, to support children with medical conditions at school.

7.8. The **Ofsted** common inspection framework came into effect on 1st September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must

consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children, alongside those of pupils with special educational needs and disabilities, and by pupils' spiritual, moral, social and cultural development. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

8. Staff Support and Training

8.1. All school staff will have read this policy and have had the opportunity to ask related questions.

Locala will train staff at Hepworth J & I School on administering medication to pupils.

The following staff have received specific/specialist training:

Diabetes training: MC, KC, SS, DD, SHE, AR, SB, MH

8.2. We will record staff training for the administration of medicines and/or clinical procedures (see **Appendix 5** for the template).

8.3. All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure it remains up-to-date.

8.4. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plan. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

8.5. For the protection of both staff and pupil a second member of staff will be present while more intimate procedures are being followed.

8.6. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the 0-19 team, can provide confirmation of proficiency of staff in a medical procedure, or in providing medicines.

8.7. All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Mark Crouch, Head Teacher, will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

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

8.9 We will assess whether there are benefits to educating all pupils on different allergies, medical conditions, etc. and the consequences of exposure to allergens, etc. We will ensure any education is delivered in the most appropriate manner for the age of the pupils.

9. The Child's Role in Managing their own Medical Needs

9.1. If, after discussion with the parent/carer, it is agreed that the pupil is competent to manage their own medicines and/or procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

9.2. Wherever possible pupils will be allowed to carry their own medicines and relevant devices or should be able to access their emergency medicines for self-medication quickly and easily; these will be stored in the cupboard in classrooms or the staffroom to ensure that the safeguarding of other pupils is not compromised. Hepworth J & I school also recognises that pupils who take their own medicines themselves and/or manage may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

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

10. Managing Medicines on School Premises and Record Keeping

10.1. At Hepworth J & I School the following procedures are to be followed the list below should be tailored to match your own practice:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent (or verbal with 2 members of staff present) (see **Appendix 4**) – expect in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.
    - With parental/carer written consent (or verbal heard by two members of staff) we will administer non-prescription medicines. Medicines e.g. for pain relief, must never be administered without first checking maximum dosage and when previous doses were taken. Parents/carers should be informed.
    - Medicines must be provided in the original/dispensed packaging, with clear directions and written records must be kept in line with the school policy.
    - The school will obtain confirmation from the parent/carer that the child has used this medication before and did not suffer any allergic or other adverse reaction.
    - **Please note:** the DfE's statutory guidance Supporting Pupils at School with Medical Conditions states a child under 16 should never be given medicine containing aspirin unless prescribed by a health care professional.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- We will only accept prescribed medicines, with written permission from parent/carer that 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 be in-date but will generally be available to the school inside an insulin pen or a pump, rather than its original container this must be labelled with the child's name and class.
- We have systems in place to check that medicines held in school is in line with the pupil's HCP and is within date.
- It is recommended that a primary school pupil should never carry medicine to and from school. Medicine must be handed to the school office as soon as the pupil arrives at school.
- All non-emergency medicines will be stored safely in the the school office or staffroom. All non-emergency medicines will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines.
- Pupils will know where their medicines are at all times and be able to access them immediately.

- Medicines and devices, such as asthma inhalers, blood glucose meters, hypo treatment, buccal midazolam and adrenaline pens should be always readily available in classrooms or the staffroom and not locked away. Asthma inhalers should be marked with the child's name.
- A pupil who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. The name of the person(s) responsible for the cabinet or administering medicines should be stated on the cabinet. Controlled drugs should be easily accessible in an emergency. In cases of emergency the key must be readily available to all members of staff to ensure access. A record should be kept of any doses used and the amount of the controlled drug held in the school.
- Staff administering medicines must do so in accordance with the prescriber's instructions. Hepworth J & I School will keep a record of all medicines administered to individual pupils (see **Appendices 6 and 7**), stating what, how and how much was administered, when and by whom. Any side effects of the medicine to be administered at school must be noted. Written records are kept of all medicines administered to pupils. Those records offer protection to staff and pupils and provide evidence that agreed procedures have been followed.
- Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g., a rota, routine consultation of the individual pupil's medicine record before any doses are given, etc.
- When no longer required, medicines are returned to parents/carers to arrange safe disposal. Sharp boxes should always be used for the disposal of needles and other sharps.

11. Emergency Procedures

11.1. The Head Teacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

11.2. Where a pupil has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

11.3. If a pupil needs to be taken to hospital, staff will stay with them until a parent/carer arrives, or accompany the child taken to hospital by ambulance (see **Appendix 8**). The school is aware of the local emergency services cover arrangements and the correct information will be provided for navigation systems.

12. Off-site Visits and Sporting Activities

12.1. We will actively support pupils with medical conditions to participate in off-site visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician, such as a GP, that this is not possible.

12.2. We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising off-site visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by our Off-Site Visits Policy.

12.3. Staff with the role of administering medicines must have relevant and current training to do so. A first aid qualification does not cover the skills and knowledge for the administration of medicines.

13. Work Experience

13.1. The school will assess the suitability of work experience placements for individuals with medical needs, with support from C&K Careers. The risk assessment will include the activities being undertaken, travel to and from the placement, supervision during non-teaching time or breaks and lunch hours. This will not conflict with the responsibility of the employer to undertake a risk assessment to identify the significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

14. Hygiene and Infection Control

14.1. All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and Guidance for Schools on First Aid.

15. Equipment

15.1. Some pupils will require specialist equipment to support them whilst attending school. Staff will check the equipment, in line with any training given, and report concerns to Headteacher.

15.2. The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure will be detailed within HCP.

15.3. Staff will be made aware of the use, storage, and maintenance of any equipment.

15.4. A defibrillator is stored in the staffroom. Staff have had training on how to use.

16. Unacceptable Practice

16.1. Although staff at Hepworth J & I school should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their medicines and administering their medicines 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/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their HCP;
- Send a pupil who becomes ill 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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medicines or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- Prevent pupils from participating, or creating unnecessary barriers to pupils participating in any aspect of school life, including school trips e.g., by requiring parents/carers to accompany the child.

17. Liability and Indemnity

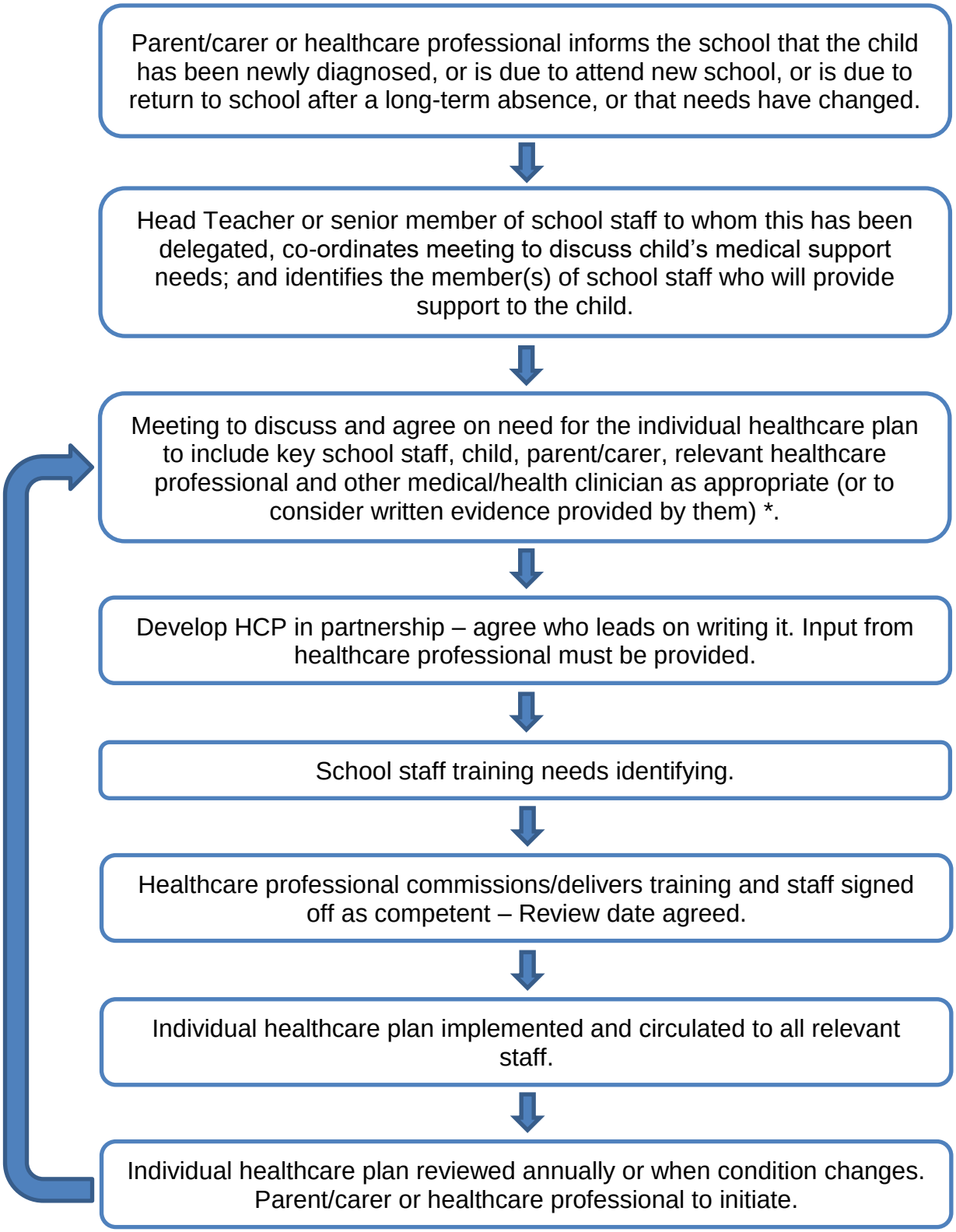
Maintained Schools
Individual cover may need to be arranged for any healthcare procedures, in particular those which would be considered invasive or normally undertaken by a medical professional. If in any doubt please contact the Insurance and Risk Management Team who will check with external insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear in the healthcare plan and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer rather than the employee.

17.1. Staff who assist with administering medicines to a child in accordance with the procedure detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, please contact the Insurance and Risk Management Team. Any member of staff will be fully supported throughout the process should an allegation be made.

18. Complaints

18.1. Should parents/carers be dissatisfied with the support provided, they must discuss their concerns directly with the school. This will be with the child's teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the school leadership team, who will, where necessary, bring concerns to the attention of the Head Teacher. In the unlikely event of this not resolving the issue, the parents/carers must make a formal complaint using the Hepworth J & I school Complaints Procedure.

Appendix 1: Process for Developing Individual Healthcare Plans



* This includes key stakeholders, for example if Home to School Transport (Passenger Travel Team) is required then the school need to consult with this team.

Appendix 2: Model Letter Inviting Parents/Carers 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/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in most 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 3: Health and Care 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 medicine, 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 (insert any specialist healthcare plans here)

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 4: Parental/Carer 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/purchased

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 medicine or if the medicine is stopped.

Signature(s) _____ Date _____

Appendix 5: 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 6: Record of Medicine Administered to an Individual Child

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

Staff signature _____

Signature of parent/carer_____

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

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

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

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

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

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

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

Appendix 7: 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 8: 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