

Castle Hills Primary Academy



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

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1. DEFINITIONS

For the purposes of this document a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used, this includes any person with parental authority over the child concerned e.g. carers, legal guardians.

Wherever the term 'Headteacher' is used this also refers to any manager with the equivalent responsibility for children.

Wherever the term 'school' is used, this also refers to academies and Pupil Referral Units (PRU) and references to Governing Bodies include Proprietors in academies and the Management Committees of PRUs and will usually include wrap around care provided by a setting such as After School Clubs and Breakfast Clubs.

Wherever the term 'Individual Healthcare Plan' (IHCP) is used this refers to an individual pupil's plan to help ensure that the Academy can effectively support a pupil with a medical condition.

2. STATEMENT OF INTENT

This policy is issued in line with statutory and non-statutory guidance relating to Section 100 of the Children and Families Act 2014, which places a duty on proprietors of academies to make arrangements for supporting students at their academy with medical conditions.

In meeting the duty, the academy must have regard to the guidance issued by the Secretary of State under Section 100.

This policy is also in line with:

- 2.1** Statutory Framework for the Early Years Foundation Stage;
- 2.2** Education (Independent Academy Standards) Regulations 2014;
- 2.3** Education and Skills Act 2008;
- 2.4** Children and Family Act 2014;
- 2.5** Childcare Act 2016;
- 2.6** Equality Act 2010;
- 2.7** Human Medicines Regulations 2014;
- 2.8** Data Protection Act 2018 and General Data Protection Regulation (GDPR).

This Policy has regard to the following guidance and advice:

- 2.9** Supporting pupils at academy with medical conditions (DfE, December 2015);
- 2.10** Automated external defibrillators (AEDs): a guide for schools (DfE, October 2019);
- 2.11** Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015);
- 2.12** Guidance on the use of adrenaline auto-injectors in schools (Department of Health, September 2017);
- 2.13** Guidance on first aid for schools (DfE, February 2014);
- 2.14** Mental health and behaviour in schools: departmental advice for academy staff (DfE, November 2018);
- 2.15** Medical conditions at academy (Health Conditions in Schools Alliance);
- 2.16** Health protection in schools and other childcare facilities (Public Health England, March 2019).

The policy will be reviewed annually but will be revised accordingly in line with guidance.

The Governors of Castle Hills Primary Academy (hereinafter referred to as 'the school') believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in the school so that they can play a full and active role in school life, remain healthy and

achieve across the whole curriculum. This includes access to school trips and physical education (PE).

We understand that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at school to help them manage their condition and keep them well. By putting in place suitable arrangements and procedures to manage their needs, this school is committed to ensuring that parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school. We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their school life, be it on a long or short term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems may affect children's educational attainment, impact on their ability to integrate or re-integrate with their peers and affect their general wellbeing and emotional health. We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

This school also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) 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. For children with special educational needs or disabilities (SEND), this policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document Special Educational Needs and Disability: Code of Practice 0-25 Years (DfE: January 2015).

3. ORGANISATION

3.1 The Governing Body

The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that no pupil's health is put at unnecessary risk, for example, from infectious diseases;
- There is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy;
- There is clear understanding at this setting's strategic level and, where relevant, across all partnership workers that:

- Local Authorities (LA) and Clinical Commissioning Groups (CCG) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (S26: Children and Families Act 2014);
- LAs are responsible for commissioning public health services for statutory school-aged children including school nursing, but this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. When children need care which falls outside the remit of school nurses, e.g. postural support or gastrostomy and tracheostomy care, CCG commissioned arrangements must be adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school; and
- Providers of health services should co-operate with school including appropriate communication, liaison with healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training.
- Ofsted will consider how well a setting meets the needs of the pupils with medical conditions, making key judgements informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.
 - sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
 - staff who provide such support are able to access information and other teaching support materials as needed.
 - funding arrangements support proper implementation of this policy e.g. for staff training, resources etc.

3.2 The Headteacher

The Headteacher of this school, has a responsibility to ensure that this policy is developed and implemented effectively with partners.

To achieve this, the Headteacher has delegated responsibility to the Medical Lead for the development IHCPs and will make certain that school arrangements include ensuring that:

- all staff are aware of this policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc
- where a child needs one, an IHCP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- sufficient trained numbers of staff are available to implement the policy and deliver against all IHCPs, including in contingency and emergency situations;
- staff are appropriately insured and are aware that they are insured to support pupils in this way;
- appropriate health professionals are made aware of any child who has a medical condition that may require support at school and who has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the LA and alternative education providers such as the hospital teaching service aims to ensure a good education for them;
- risk assessments take account of the need to support pupils with medical conditions as appropriate, for example on educational visits or activities outside the normal timetable. All students with a risk assessment for a medical condition have had this reviewed by the SENDCO or Pastoral Administrator to ensure it is fit for purpose.

3.3 School Staff

Any member of staff may be asked to provide support to pupils with medical conditions. While administering medicines is not part of teachers' professional duties, they should still take into account the needs of pupils with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The SENDCO and the Pastoral Administrator has specific responsibility for the development of IHCPs.

3.4 School Nurses and Other Healthcare Professionals

This school has access to a school nursing service, which is responsible for notifying the school when a child has been identified as having a medical condition, which will require support. Wherever possible, they should do this before the child starts at school and our arrangements for liaison support this process.

While the school nursing service will not have an extensive role in ensuring that this school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHCP by providing advice, liaison with other health officials – such as lead clinicians or a child's General Practitioner (GP) and with training.

3.5 Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP.

It is also recognised that the sensitive involvement of other pupils in the school may be required, not only to support the pupil with the medical condition, but also to break down societal myths and barriers and to develop inclusivity.

3.6 Parents

Parents are key partners in the success of this policy. They may, in some cases, be the first to notify school that their child has a medical condition and, where one is required, will be invited to be involved in the drafting, development and review of their child's IHCP.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. 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.

4. ARRANGEMENTS/PROCEDURES

4.1 Procedure for the Notification that a Pupil has a Medical Condition

While it is understood that school does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion, judgements will still need to be made about the support to provide and they will require basis in the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence is conflicting, it is for school to present some degree of challenge in the interests of the child concerned, in order to get the right support put in place.

4.2 School Attendance and Re-integration

Every LA must have regard to the DfE statutory guidance, 'Ensuring a good education for children who cannot attend school because of health needs' (January 2013) and this school undertakes to liaise with the LA to ensure that everyone is working in the best interests of children who may be affected. Where a pupil would not receive a suitable education at this school because of their health needs, the LA has a duty to make other arrangements, in particular when it becomes clear that a child will be away from the school for 15 days or more (whether consecutive or cumulative across the school year).

4.3 Individual Healthcare Plans (IHCP)

An IHCP is a working document that will help ensure that this school can effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when, and by whom, and aims to capture the steps, which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assess and manage identified risks to their education, health and social well-being and minimise disruption.

An IHCP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, relevant healthcare professional and parent will need to agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is considered best placed to and will take the final view. Our flow chart for identifying and agreeing the support a child needs and developing an IHCP is at Appendix A.

The level of detail within an IHCP will depend on the complexity of the child's condition and the degree of support they need and this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an EHC Plan, their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the IHCP will be linked to or become part of that EHC Plan.

In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medicine (dose, side-effects and storage), and other treatments, time, facilities e.g. need for privacy, equipment, testing, access to food and drink (where this is used to manage their condition). Dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.;
- the level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medicine, 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 their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medicines to be administered by a member of staff

- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with this school.

An IHCP will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review should also trigger a re-check of any registers held e.g. asthma sufferers with permission to receive emergency salbutamol and may require a re-check of school insurance arrangements especially where a new medical procedure is required.

4.4 Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHCP to. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

4.5 Training

The Headteacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the policy and deliver against all IHCPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHCPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or review of IHCPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice, but will not be the sole trainer.

A relevant healthcare professional, will normally lead on identifying and agreeing with school, the type and level of training required, and how training can be obtained usually through the development of IHCPs. Healthcare professionals can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which school undertakes to update to reflect any IHCPs. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, but some training could be very simple and delivered by an appropriate person in school– for example basic training covering school procedures for administering a non-emergency prescribed oral medicine.

4.6 Managing Medicines

This school is committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to 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 is to be given prescription medicines without their parent's written consent.
- A child under 16 is never to be given medicine containing aspirin unless prescribed by a doctor.
- Where a child requires supervision to take their medication or where such medication will be administered by staff, children receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.
- Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours.
- With the exception of insulin, which may be provided in an insulin pen or pump, all medicines supplied to the school by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Staff administering medication will check the child's name, the name of the medication, the prescribed dose, the expiry date, and the method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medicine to the child. This is to be made clear within a child's IHCP as appropriate.
- Staff administering medicines must be supervised by another member of staff who will check all of the medication details.
- If staff are in any doubt over the procedure to be followed, parents will be contacted before action is taken.
- If a child refused their medication, staff will record this and report to parents as soon as possible.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. Children should know where their medicines are at all times and know the whereabouts of an adult who has access to them immediately they might need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.
- When no longer required, medicines will be returned to the parent for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

4.6.1 Controlled Drugs

The supply, possession and administration of some medicines e.g. methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 2001 and its associated regulations and are referred to as 'controlled drugs'. Therefore, it is imperative that controlled drugs are strictly managed between school and parents.

Ideally controlled drugs should be brought into school on a daily basis by parents and the medicine details and quantity handed over be carefully recorded on the child's own Record of Medicine Administered to an Individual Child sheet (Appendix D). This sheet must be signed by the parent and the receiving member of staff. If a daily delivery is not a reasonable expectation of the parent, supplies should be limited to no more than one week unless there are exceptional circumstances.

In some circumstances, the drugs may be delivered to school by a third party e.g. transport escort. In this case, the medicine should be received in a security sealed container/bag.

We recognise that a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary and will be agreed on in the IHCP, otherwise school will keep controlled drugs prescribed for a pupil securely stored in a non-portable container to which only named staff will have access. They will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. It is considered best practice for the administration of controlled drugs to be witnessed by a second adult. The name of the member of staff administering the drug will be recorded and they will print and sign their name. The second member of staff witnessing the administration of controlled drugs will print and sign their name. These names and signatures should be legible enough to identify individuals.

4.7 Record Keeping

School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects the pupil experiences are also to be noted.

Where a pupil has a course of or on-going medicine(s) they will have an individual record sheet which a parent should sign when they deliver the medicine (Appendix D: Record of Medicine Administered to an Individual Child).

Where a pupil requires administration or self-administration of a controlled drug they will have an individual record sheet which allows for their signature. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record (see Appendix D).

Where a pupil is given a medicine as a one-off e.g. pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E: Record of Medicine Administered to All Children).

4.8 Emergency Procedures

The child's IHCP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

To ensure the IHCP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly and updated as an IHCP changes. Similarly, appropriate briefings for other pupils are

required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal school emergency procedures and Appendix G.

If a child needs to be taken to hospital, a member of school staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

4.9 Emergency Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom¹ and over 25,000 emergency hospital admissions every year for asthma amongst children.² An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. Before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

From 1 October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

Castle Hills Primary Academy will hold emergency salbutamol inhalers. We will continue to be vigilant in checking inhalers are in date and that children who need them have sufficient supplies in school. The asthma register will be kept up to date by the medical lead.

4.9.1 Allergens

4.9.2 School Meal Providers

The school Catering Manager is responsible for handling all requests for allergen information. Any student identified on an IHCP as having food allergies will be reported to the Catering Manager who will ensure all food handling staff are made aware.

The Catering Manager will ensure that appropriate procedures are in place and training is provided to all food handlers regarding situations in which foods can be cross-contaminated by allergenic food. All food handlers will also be given basic training on signs and symptoms of an allergic reaction and what to do and who to report to should this occur.

The school catering team must record the ingredients which are used in each dish which should be either displayed in the food preparation area, or be readily available to all relevant staff and keep a copy of the ingredient information on labels of pre-packed foods for example, sauces, desserts etc. Ingredients must be kept in original containers, or a copy of the labelling information kept in a central place; allergen labelling information must be retained with each product and goods suitably enclosed to prevent cross-contamination with other foods when in storage.

4.9.3 Emergency Situations

All staff must be aware of how to deal with a serious allergic reaction to food – it is not always apparent that a pupil has an allergy until they encounter a particular product. Those who are known to have allergies may well have been issued with emergency medication such as adrenaline in the form of a 'pen'. All staff must be aware of where to find the emergency medication and who can be contacted to administer the medication effectively. In all schools, more than one person will need to be trained to administer the medication. Reference should also be made to the KAHSC Safety Series M02 – Managing Anaphylaxis and Allergies.

4.10 Day Trips, Residential Visits and Sporting Activities

1 Asthma UK, 'Asthma Facts and FAQs', <http://www.asthma.org.uk/asthma-facts-and-statistics>.

2 The NHS Atlas of Variation in Healthcare for Children and Young People gives the numbers of emergency admissions of children and young people for asthma in each former PCT / local authority area <http://www.sepho.org.uk/extras/maps/NHSAAtlasChildHealth/atlas.html>

Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for one that is more so, but can still achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Headteacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required in order to support a pupil with a medical condition. The IHCP will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

4.10.1 Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA must know if a pupil travels on home on school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with the school in consultation with the parents. In some cases, it may be appropriate to share elements of the pupil's IHCP with the transport operator.

4.10.2 Defibrillators

Sudden cardiac arrest is when the heart stops beating and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest.

This school does have a defibrillator located in the Reception Area.

4.11 Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

4.12 Insurance

The school insurance provides liability cover for staff undertaking activities in accordance with school policies and procedures. This includes carrying out risk assessments associated with supporting children with medical conditions, the administration of medication and any other healthcare procedures as identified through the IHCP process. If an IHCP review identifies that an entirely new medical procedure is required, the school management will ensure that any staff involved in undertaking this procedure receive the appropriate instruction and training.

4.13 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the SENDCO in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure. This is available on our school website or copies from the school office.

APPENDIX A - PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLAN (IHCP)

A parent or healthcare professional informs school that a child with a medical condition:

- has been newly diagnosed; or,
- has had a change in their health needs; or,
- is due to attend this school as a new pupil; or,
- is due to return to this school after a long term absence.

The Headteacher or senior member of school staff to whom this task has been delegated, coordinates a meeting to discuss the child’s medical support needs and identifies member(s) of school staff who will provide support to the pupil. With appropriate input from parents and in some cases a healthcare professional as well it may be agreed at this point that an IHCP is unnecessary because there will be no significant information to record on it and this along with any measures in place generally to support the child will be communicated to parents.

A meeting takes place to discuss and agree on the need for an IHCP to include key Academy staff, the child, parents, relevant healthcare professionals and other medical/health clinicians as appropriate (or to consider written evidence provided by them).



After agreeing who leads on writing it, an IHCP is developed in partnership. Input from a healthcare professional must be provided at this stage.

Academy staff training needs are identified.

Healthcare professional(s) commission/deliver training and Academy staff are signed off by the trainer as competent – a review date is agreed.

APPENDIX B - INDIVIDUAL HEALTHCARE PLAN

The IHCP is implemented and circulated to relevant staff.

Name of school/setting
 Child’s name
 Tutor Group
 Date of birth
 Child’s address
 Medical diagnosis or condition
 Date

Castle Hills Primary Academy

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



Parental request for medicine to be taken at school

School staff will not give your child medicine unless you complete and sign this form.

The school has a policy that the staff can administer certain medicines.

Childs name:		DOB:
Medical condition/illness:		Class/form:
Name/type of medicine (as described on the container)	NB: Medicines must be in the original container as dispensed by the pharmacy	
Expiry date		
Dosage and method		
Times of day medicine is to be administered		
Date and time the most recent dose was given (school should not give the first dose of a medicine)		
Special precautions / instructions		
Are there any side effects that the school needs to know about?		
Procedures to take in an emergency		

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and the prescribers instructions.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that, where medicine is not self-administered, it will be given by non-medically qualified staff.

I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence

I will abide by the schools policy and procedure for the delivery and return of medication

I will ensure adequate supply of in date medication

Name of Parent.....

Signature of parent..... Date.....

Relationship to Child.....

School Consent:

- The school agree to administer the above as requested
- Staff administering medication or supervising the administration of medication have received any necessary training
- Staff are insured to undertake the above

Name of Headteacher/designated person.....

SignatureDate.....

NB : If more than 1 medication is to be administered then a separate form should be used for each one.

APPENDIX D - RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD



Administration of Medication Record

Sheet number (in chronological order)

School	Castle Hills Primary Academy	
Name of CYP		DOB: Class/form:
Name of medication		Formula e.g. tablets, liquid
Quantity received from parent		
Quantity returned to parent		
Dosage and times		
Any special instructions		

Date & time of administration	Dose given	Any reactions and any action taken by staff	Name of person(s) administering / supervising (<i>please print</i>)	Signature of person(s) administering / supervising	Additional information e.g. <ul style="list-style-type: none"> • Repeat prescription supplied • Medication returned to parent • Medication returned to pharmacy (Pharmacist signature required) • Parents signature (Early Years Children only)

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.

- your telephone number **01302 780246**
- your name?
- your location as follows [**Castle Hills Primary Academy Jossey Lane Scawthorpe**]
- state what the postcode is **DN5 9ED**– please note that postcodes for satellite navigation systems may differ from the postal code
- provide the exact location of the patient within the school setting
- provide the name of the child and a brief description of their symptoms
- inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- put a completed copy of this form by the phone

APPENDIX H - SAMPLE LETTER INDIVIDUAL HEALTHCARE PLAN



Castle Hills Primary Academy

Date: 2023-24

Dear Parent

RE: 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 supports each pupil's 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.

We would like to meet with you to start the process of developing your child's individual health care plan.

Please can you reply with a convenient time to meet. The meeting will involve **[INSERT NAMES OF STAFF INVOLVED]**.

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 meet, 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

Yours sincerely,

Mr N Harris
Head of School