



# Supporting Pupils with Medical Needs in School

**Smarden Primary *an academy as part of*  
The Kemnal Academies Trust**

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## **1. Introduction**

Section 100 of the Children and Families Act 2014, places a duty on academies to make arrangements for supporting pupils at their school with medical needs and conditions.

We recognise that having a medical condition may impact on a pupil's social and emotional development. We will use our best endeavours to ensure that pupils with medical conditions are supported in terms of both their physical and mental health, so they can play a full and active role in school life, remain healthy and achieve their academic potential.

Staff should work with health and social care professionals, pupils and parents to ensure that the needs of pupils with medical conditions are properly understood and effectively supported.

We will ensure that all medical information is treated confidentially by the Headteacher and staff. The management and administration of medicines is also covered by this policy. All staff have a duty of care to follow and co-operate with the requirements of this policy.

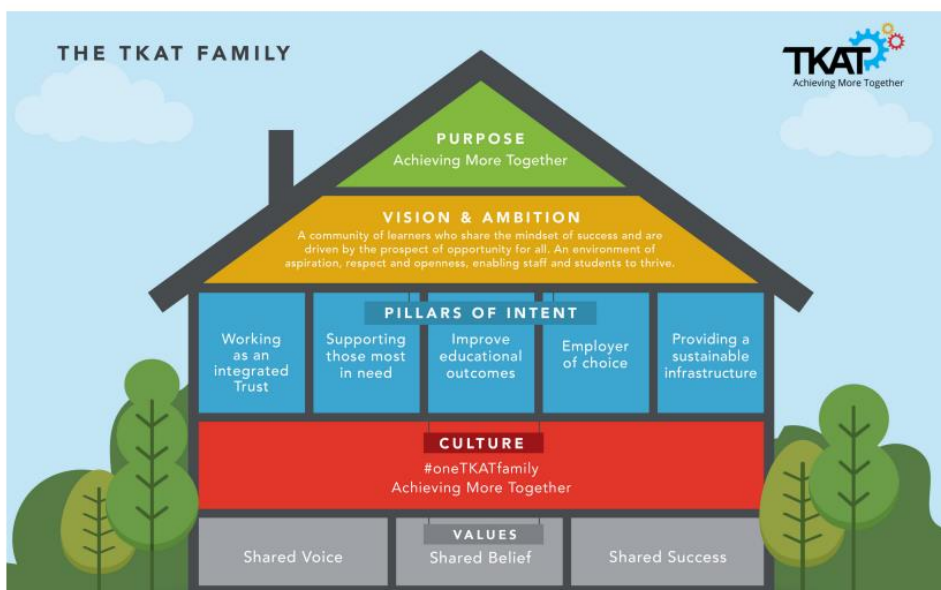
## **Vision and Values**



The Kemnal Academies Trust (TKAT) aims to foster a culture of the highest professional standards in line with the Trust's purpose, vision and values.

## TKAT - OUR STRATEGY

Our Culture	Our Mission	Our Values
#oneTKATfamily Achieving More Together	TKAT is a Multi-Academy Trust of 45 primary, secondary and special schools in the South and East of England. Our purpose is to work together as a community of schools to ensure that every child, whatever their background, receives a high quality education.	Shared Voice Shared Belief Shared Success



## 2. Legislation and Guidance

This policy is based on guidance from the DfE [Supporting pupils at school with medical conditions - GOV.UK](#) but also has due regard to relevant legislation and statutory guidance including, but not limited to, the following:

- Education Act 1996
- Equality Act 2010
- Data Protection Act 2018
- Children and Families Act 2014
- The Special Educational Needs and Disability Regulations 2014
- Special Educational Needs and Disability (SEND) Code of Practice 2015

The requirements of the Equality Act 2010 will apply where pupils have a disability. Where pupils have an identified special educational need, the SEND Code of Practice will also apply.

## 3. Roles and responsibilities

### 3.1 The Governing Body

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions, so they can access and enjoy the same opportunities at school as any other child.

The Governing Body is responsible for ensuring:



- that the school actively supports pupils with medical conditions to enable the fullest participation possible in all aspects of school life including sporting events, school trips / visits and other activities.
- the school develops this policy for supporting pupils with medical conditions, that it is reviewed regularly and is readily accessible to parents and staff.
- that the school's arrangements enable the policy to be implemented effectively, including a named person who has overall responsibility for policy implementation.
- that a sufficient number of staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions.
- that any members of staff who provide support to pupils are able to access information and other support as needed.
- that Individual Healthcare Plans are in place for pupils who require that level of support and contain all relevant information (see Section 5).
- that all Individual Healthcare Plans are reviewed at least annually or earlier if it is clear that the pupils' needs have changed.
- that written records are kept of all medicines administered to children.

The Governing Body is responsible for ensuring that the policy:

- sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition.
- covers the role of Individual Healthcare Plans and identifies who is responsible for their development.
- clearly sets out how staff will be supported to carry out their role supporting pupils with medical conditions, how this will be reviewed, how training needs will be assessed and how training will be commissioned and provided.
- covers arrangements for pupils who are competent to manage their own health needs and medicines.
- is clear about the procedures to be followed for managing medicines.
- sets out what should happen in an emergency situation.
- is explicit about what practice is not acceptable.
- sets out how complaints may be made regarding the support provided to pupils with medical conditions and how these complaints will be handled.

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

### **3.2 The Headteacher**

The Headteacher is responsible for ensuring:

- the school's policy is developed and effectively implemented with partners.
- that all staff are aware of this policy and understand their role in its implementation.
- that all staff, who need to know, are aware of a pupil's medical condition including cover staff and supply teachers.
- that a sufficient number of staff are appropriately trained and available to implement the policy, including cover arrangements in the event of staff absence.
- relevant staff are aware of Individual Healthcare Plans, including contingency and emergency situations, and implement the plans accordingly. This may involve recruiting a member of staff for this purpose.
- the school nursing service is contacted in the case of any pupil who has a medical condition and may require support at school.
- that an appropriate level of insurance is in place to cover staff.

The Headteacher has overall responsibility for the development of Individual Healthcare Plans.

### **3.3 Teachers and support staff**

Teachers and support staff are responsible for providing support to pupils with medical conditions. This can include the administration of medicines or supervision of a pupil taking medication, although staff cannot be required to do so. Administering medicines is not part of teachers' professional duties, however they should take into account the needs of pupils with medical conditions that they teach.



School staff should receive sufficient, suitable training and achieve the necessary level of competency before they take on the responsibility to support pupils with medical conditions. This may be general training for common needs such as Asthma or more bespoke training for specific and/or complex needs such as Diabetes.

**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 or in an emergency situation.

### **3.4 The NHS School Nurse & other healthcare professionals**

The NHS School Nurse is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, this should happen before the child starts at the school. They do not usually have an extensive role but may support staff to implement a pupil's Individual Healthcare Plan, provide advice, liaise with clinicians and organise training for staff.

The school can also liaise with the Community Nursing Team for advice and support. Specialist local health teams may be able to provide support in school for pupils with particular conditions e.g. asthma, diabetes, epilepsy.

kentchft.chschool@nhs.net

## **4. Identification of pupils with medical needs**

We aim to identify pupils with medical needs on entry to the school and at any time during the school year by working in partnership with parents/ carers.

When a pupil joins our school, we will use the 'Health Questionnaire for Schools' (see Appendix G) to obtain information regarding any medical needs. This is to ensure we have appropriate arrangements in place to support them in school. Where there are complex needs that require specialist training or equipment, this may need to be sourced before the pupil is able to start at our school.

Where a formal diagnosis is awaited or is unclear, we will plan support for the pupil, based on the current evidence available at the time. We will ensure that every effort is made to refer to some form of medical evidence, consult with the parents and medical professionals as appropriate.

We will follow the 'Process for identifying when an IHCP would be appropriate' (see appendix H) to identify pupils who will benefit from an Individual Healthcare Plan.

## **5. Individual Health Care Plans (IHCP)**

Individual Healthcare Plans (Appendix A) are particularly recommended where conditions fluctuate or there is a high risk that emergency intervention may be needed. They are also 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, healthcare professionals and parents will together decide whether an Individual Healthcare Plan would be appropriate. The decision can be reconsidered at any point, but especially where there is a change in circumstances.

An Individual Healthcare Plan may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the pupil. The Headteacher will identify the most qualified and relevant member of staff to work in partnership with the parents and relevant healthcare professionals to write the plan and keep it under review.

Where a pupil has an Education, Health & Care Plan (EHCP), the Individual Healthcare Plan will be linked to it. If a pupil returns to school, following a period of hospital education or alternative provision (including home tuition), we will work with the Local Authority and any education provider to ensure that the Individual Healthcare Plan identifies the support the pupil will need to reintegrate effectively.



All plans are reviewed at least annually, usually at the start of the new academic year, or earlier if evidence is presented that the pupil's needs have changed. This will be in consultation with parents and healthcare professionals. Plans should be developed with the pupil's best interests in mind. This includes assessment and management of any risks to the pupil's education, health and social wellbeing, in order to minimise disruption. Individual Healthcare Plans will be signed by, and shared with, all those involved.

The School Nurse will be contacted by the school or vice versa should something change prompting a review.

The following information should be recorded on Individual Healthcare Plans (Appendix A)

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs 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 children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, 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 child'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 child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg 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. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## 6. Staff training

Any member of school staff who provides support to a pupil with medical needs, should have received suitable training. Staff must not administer prescription medication or undertake any health care procedures without the appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions or administering routine medication. Any member of staff administering medication must be appropriately trained, including when on school trips and residential stays.

All staff new to the school will be introduced to the policy when they join as part of their induction process. Records of this training will be stored in their personnel file.

First aiders will receive training on (e.g. Asthma, epi-pen) which is provided by a fully trained professional at their First aid training and is updated every three years. We will retain evidence of this training through staff signing signature sheets.

Where specific training is required for individual medical conditions we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with that particular medical condition. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the Individual Healthcare Plan.



Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A record of staff training for the administration of medication (Appendix D) will be completed to document the type of awareness training undertaken, the date of training and details of the professional providing the training.

## **7. The Role of pupils**

We recognise that pupils with medical conditions will often be best placed to provide information about how their condition affects them and the support they need. Wherever possible, they should be fully involved in discussions and contribute as much as possible to their Individual Healthcare Plan.

In discussion with parents, pupils who are able will be encouraged to take responsibility for managing their own medicines and procedures whenever possible. In this situation a consent form will be completed that confirms the pupil is competent to manage their own medicines and will not share them with other pupils. This consent will be recorded in their Individual Healthcare Plan. The plan will also identify what will happen should a child who self-administers refuse to take their medication or participate in a procedure. This will normally be informing the parent/carer at the earliest opportunity.

Where appropriate we will endeavour to ensure that pupils can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parents the appropriate level of supervision required and document this in their Healthcare Plan.

## **8. Managing medicines on school premises**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, Claire Speight & Claudia Miller are responsible for ensuring pupils are supported with their medical needs whilst in school and this may include managing medicines where it would be detrimental to a pupil's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a pupil under 16 without their parents/carers written consent. A parental agreement form (Appendix B) will be used to record this, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is the tracking medication form (appendix E). The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

If a pupil refuses to take their medication or be involved in their treatment, the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Pupils who are able to use their own inhalers themselves are encouraged to carry it with them. If they are too young or developmentally unable to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the pupil's name.



Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a pupil to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual pupil is competent to do so and following a risk assessment, we may allow them to have prescribed drugs on them with monitoring arrangements in place. There is a consent form for parents to complete where this is the case (Appendix B2)

Non-prescription medication can be administered where the parent or carer has given written consent. Schools should not expect parents to make unnecessary appointments with their child's doctor to obtain prescriptions for medicines (other than for medicines containing aspirin) that can normally be obtained directly from a pharmacy. We will only administer non-prescribed medicines on request from the parent, with written consent, if they are in clearly identifiable packaging and only on a short term basis. If we have concerns we will seek further guidance from the School Nurse or other medical professional).

The DfE guidance confirms that aspirin should not be administered to any child under 16 years old unless prescribed by a doctor. Other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage of medication Section 8.1).

The school holds an Emergency Asthma Pack containing a Salbutamol inhaler for emergency use by asthmatic pupils. The inhaler is available for pupils who are on the school's asthma register where parents have completed a written consent form.

The school holds an Emergency Adrenaline Auto-Injector (AAI) kit for emergency use by pupils at risk of severe allergic reaction (anaphylaxis).

The auto-injector is available for pupils at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Emergency asthma inhalers and adrenaline auto-injectors are spare / back-up devices and are not a replacement for the pupil's own.

### **8.1 Storage of medication**

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premises. This locked cabinet is located in the meeting room.





Where medicines need to be refrigerated, they will be stored in the dedicated medical refrigerator located in the staff office in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines and it shouldn't be used for any other purpose. Whilst all storage should be secure with limited access, all medication should be available in the event of an emergency.

Pupils will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips and the pupil knows where they are.

Storage of medication whilst off site will be maintained at steady temperature and securely. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

## **8.2 Disposal of medication**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parents/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles when needed and collection and disposal of these will be arranged locally when needed.

## **9. Medical Accommodation**

The Medical Room will be used for all medical administration/treatment purposes. The medical room will be made available when required.

## **10. Record keeping**

A record of what medication has been administered including how much, when and by whom, will be recorded on a 'record of medicines administered' form (Appendix C & E ). The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers as soon as possible.

## **11. Emergency procedures**

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure pupils know what to do in the event of an emergency e.g. informing a teacher immediately if they are concerned about the health of another pupil.

If a pupil is required to be taken to hospital, a member of staff will stay with them until their parent arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

When requesting an ambulance follow the script in Appendix F and ensure a copy of this is kept by the phone in the office to refer to.

## **12. School trips / off-site activities**

We will ensure that teachers are aware of how a pupil's medical condition will impact on their participation in any off-site activity or trip. Wherever possible we will ensure that there is enough flexibility for all pupils to participate, according to their own abilities and with reasonable adjustments.



We will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and seek advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **13. Unacceptable practice**

It is not generally acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication or administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents; 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 individual healthcare plans;
- send a pupil who is unwell to the school office or medical room unaccompanied or with someone unsuitable;
- allow a pupil who is unwell to be sent home unaccompanied by a responsible adult (including in a taxi)
- penalise pupils, or their parents, for their attendance record if their absences are related to their medical condition, eg. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- prevent pupils from participating, or create unnecessary barriers to them participating in any aspect of school life, including school trips eg.by requiring parents to accompany them

### **14. Liability and indemnity**

Staff at the school are indemnified under the Trust's insurance arrangements.

The Trust is insured and has extended this to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure

### **15. Complaints**

Should parents or pupils be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

### **16. Appendices**

A	Individual Healthcare Plan (IHCP)
B	Parental agreement for the school to administer medication
B (2)	Form for parents to complete if they wish their child to carry her own medication
C	Record of medicine administered to an individual pupil



D	Administration of medicines - Staff Training record
E	record of medicine administered to all children
F	Contacting emergency services
G	Administration of Medicines Risk Assessment Guidance
H	Health Questionnaire for Schools
I	Process for identifying when an Individual Healthcare Plan ( IHCP) would be appropriate



## APPENDIX A: Individual Healthcare Plan

Name of school				Photo
Child's name		Year, Class/Form		
Date of Birth				
Child's address				
Medical diagnosis or condition				
Date of this plan				
Review date				

### Family Contact Information

<b>1. Contact's Name</b>			
Relationship to the child			
Preferred contact number	Home: Work:	Mobile:	
<b>2. Contact's Name</b>			
Relationship to the child			
Preferred contact number	Home: Work:	Mobile:	

### Clinic / Hospital Contact

	Department	Name	Role	Phone number
1				
2				
3				

GP Name / Surgery	
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Phone number	
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<b>Who is responsible for providing support in school?</b>	
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<b>Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc</b>

<b>Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, storage administered by/self-administered with/without supervision</b>
Complete table below for each medicine (add additional as required)

Name of medication	Size of Dose	method e.g orally, injection	side effects
Contra-indications	storage	Administered by: self / member of staff	With supervision Without supervision

<b>Daily care requirements</b> e.g access to food & drink, equipment, space for treatment, travel between lessons

<b>Specific support required</b>
Educational: (e.g. extra time in tests, rest breaks)
Social & Emotional needs:( access to MHFA, other staff)

<b>Arrangements for school visits / trips and other activities.</b> e.g. is a risk assessment required?
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<b>Other information</b> e.g. level of support required, including during fire alarms etc.

<b>Describe what constitutes a medical emergency for the pupil and the action to take if this occurs.</b>
What to look for
The action to take
Who should be contacted?
Is there an emergency plan prepared by a health professional? If so, it should be attached to this document.

<b>Who is responsible in an emergency (state if different for off-site activities)</b>

<b>Plan developed with Name</b>	<b>Signature</b>

<b>Staff training</b> e.g. what is needed? Who will provide this? What has been undertaken? Cover arrangements in the event of staff absence.

<b>Form copied to (✓) Who needs to be aware in school?</b>		
Parent	Healthcare professional	teacher(s)



(others - name/role)	School Office	
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### APPENDIX B - Parental agreement for the school to administer medication

The school will not give your child medicine unless this form is completed and signed.

Name of school	
Name of child	
Date of birth	
Year group Class/ Form	
Medical condition or illness that the medication is required for	
Is the medicine required for a fixed period of time? Yes / No	How many days?
Is the medicine required long term? Yes / No	We will review this agreement on _____

### Medicine NB: Medicine must be in the original container as dispensed by the pharmacy ( including packaging)

Name / type of medication (as it appears on the container)	
Expiry date	
Dosage and method	
Times to be given	
Special precautions / other instructions	
Are there any possible side effects to be aware of?	
Can the pupil take it themselves? Y / N What does an adult need to do?	
Procedures to take in an emergency	

### Contact details

Name	
Contact number	
Relationship to the child	



<b>Address</b>	
<b>I understand that I must personally deliver the medicine to _____ (name of staff member)</b>	

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. 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.

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

**APPENDIX B (2): For parents to complete if they wish their child to carry their own medication**

This form must be completed by parents/carers

Name of School	
Name of Child	
Date of Birth	
Address	
Year Group/Class	
Medical condition or illness that the medication is required for	
Name / type of medication (as it appears on the container)	
Dosage and time	
Procedures to take in an emergency	
Signing this form confirms that I deem my child competent to take responsibility for the safekeeping and appropriate administration of her medication as prescribed. My child understands that medication carried by them <u>must not</u> be given to any other pupil.	
Parent/Carer Name	
Parent Signature	
Telephone Contact Number	
SPupil Signature	
Date	





**APPENDIX C: Record of medicine administered to an individual pupil**

Name of school	
Name of child	
Date medicine provided by parent	
Year group / class / form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Parent signature	

Date						
Time						
Dose given						
Quantity remaining						
Staff name						
Signature						

Date						
Time						



Dose given						
Quantity remaining						
Staff name						
Signature						

**APPENDIX D : Administration of medicines - Staff Training record**

Name of school	
Name of staff member	
Type of training received	
Date training completed	
Name of trainer	
Profession and title of trainer	

I confirm that \_\_\_\_\_ (name of staff member) has received the training detailed above and is competent to carry out any necessary treatment. I recommend the training is updated \_\_\_\_\_ (frequency).

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_





**APPENDIX F: Contacting emergency services (Print on bold colour so it is easy to locate)**

**Dial 999 - request an ambulance and be ready with the information below**

**Speak slowly and clearly**

**Be ready to repeat the information if asked**

1.	Your telephone number	
2.	Your name	
3.	Your location - school address	
4.	Postcode	
5.	Exact location of the patient in school	
6.	The name of the child	
7.	Tell them the best entrance to use  State that the crew will be met there and taken to the patient	
8	Put a completed copy of this form by the phone	



## APPENDIX G - School Health Questionnaire

Dear Parent / Carer

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day.

Please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Name of Child		Date of Birth	
Home Address			

1. Does your child have a medical condition/health concern? Yes/No  
If YES please give details

2. Does your child have a medical condition/health concern that needs to be managed during the school day? Yes/No  
If YES please give details

3. Does your child take medication during the school day? Yes/No  
If YES please give details

4. Does your child have a health care plan that should be followed in a medical emergency? Yes/No  
If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care.

I will inform the school if there are any changes to my child's health condition or medication as soon as possible.

Signature (Parent/Guardian with parental responsibility)			
Print Name			
Date		Contact number	



## APPENDIX H - Process for identifying when an Individual Healthcare Plan ( IHCP) would be appropriate

Not all pupils with a health condition will require an Individual Health Care Plan in school, however this flowchart will help schools ascertain which pupils require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.

A Parent or healthcare professional informs the school <ul style="list-style-type: none"><li>● that a current pupil has been newly diagnosed with a medical condition, or</li><li>● that a child who is due to start at the school has a medical condition, or</li><li>● that a current pupil is due to return to school after a long-term absence due to their medical condition e.g had been hospitalised</li></ul>
Headteacher or senior member of staff to whom this has been delegated, organises a meeting to discuss the pupil's medical support and identifies the member/s of school staff who will provide support to pupil.
A meeting is held to discuss and agree the need for an IHCP to include key school staff, child, parent, relevant healthcare professional and other clinicians as appropriate.
An IHCP is written in partnership with everyone involved. Agree who is the lead on writing it. Input from healthcare professional must be provided
Any school staff training needs are identified and commissioned.
Healthcare professionals (or others) deliver the training and staff are signed-off as competent – a review date is agreed.
The IHCP implemented and circulated to all relevant staff and parent.
The IHCP is reviewed annually but is also to be reviewed when there is a change to the condition or treatment. The Parent or healthcare professional can initiate a review when appropriate.



## **Useful links and information**

[Supporting pupils with medical conditions at school - GOV.UK](#)

[Guidance on the use of emergency salbutamol inhalers in schools - GOV.UK](#)

[Guidance on the use of adrenaline auto-injectors in schools - GOV.UK](#)