

Supporting Pupils with Medical Conditions Policy

“What does the Lord ask of you? To act justly, to love
mercy and to walk humbly with your God.”

(Micah 6:8)

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Statement of intent

In our school, our Christian vision shapes all we do. All members of the school community are committed to upholding the St Michael's Church of England Christian values:

- to show love, care, and kindness to all in our community
- to value what we have and to share with others
- to enable everyone to achieve their full potential

The governing board of St Michael's Church of England High School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education), and achieve their academic potential.


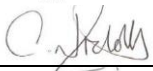
St Michael's Church of England High School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have a statement or education, health, and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils, and their parents/carers.

Signed by:

 _____	Headteacher	Date: <u>28/01/2021</u>
 _____	Chair of governors	Date: <u>28/01/2021</u>

Date adopted	September 2014
Date reviewed	28 th January 2021
Review date	May 2024

1. Legislative framework

1.1 This policy has due regard to legislation including, but not limited to the:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- NHS Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- School Premises (England) Regulations 2012 (as amended)
- Special Educational Needs and Disability Regulations 2014
- Human Medicines (Amendment) Regulations 2017

2.1 This policy also has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'First aid in schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

3.1 This policy has due regard to the following school policies:

- Accessibility Plan
- Administering Medication Policy
- Allergen and Anaphylaxis Policy
- Asthma Policy
- Attendance Policy
- Complaints Procedure Policy
- Disability and Equality Policy
- Drug and Alcohol Policy
- First Aid Policy
- Health and Safety Policy
- Manual Handling Policy and Procedures
- Pupils with Additional Health Needs Attendance Policy
- Safe Procedures
- SEND Information

2. Roles and responsibilities

2.1 The governing board is responsible for:

- fulfilling its statutory duties under legislation
- ensuring that arrangements are in place to support pupils with medical conditions
- ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school

- working with the LA, health professionals, commissioners, and support services to ensure that pupils with medical conditions receive a full education
- ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively
- ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs
- instilling confidence in parents/carers and pupils in the school's ability to provide effective support
- ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed
- ensuring that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made
- ensuring that pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease
- ensuring that policies, plans, procedures, and systems are properly and effectively implemented

2.2 The headteacher holds overall responsibility for implementation of this policy.

2.3 The headteacher is responsible for:

- ensuring that this policy is effectively implemented with stakeholders
- ensuring that all staff are aware of this policy and understand their role in its implementation
- ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations
- considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported
- having overall responsibility for the development of IHPs
- ensuring that staff are appropriately insured and aware of the insurance arrangements
- contacting the school nursing service where a pupil with a medical condition requires support that has not yet been identified

2.4 The headteacher will delegate the following activities to the following people:

- The Senior Administrative Officer (Inclusion) will be responsible, in conjunction with the school nurse and parents/carers, for arranging the drawing up, implementing, and keeping under review the individual healthcare plan for each pupil; for briefing supply teachers; preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.
- The Senior Administrative Officer (Inclusion) will be responsible for making sure relevant staff are aware of these plans.

2.5 Parents/carers are responsible for:

- notifying the school if their child has a medical condition
- providing the school with sufficient and up-to-date information about their child's medical needs
- being involved in the development and review of their child's IHP
- carrying out any agreed actions contained in the IHP
- ensuring that they, or another nominated adult, are contactable at all times

2.6 Pupils are responsible for:

- being fully involved in discussions about their medical support needs
- contributing to the development of their IHP, if they have one, where applicable
- being sensitive to the needs of pupils with medical conditions

2.7 School staff are responsible for:

- providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so
- taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication
- receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions
- knowing what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

2.8 The appropriate nurse is responsible for:

- at the earliest opportunity, notifying the school when a pupil has been identified as having a medical condition which requires support in school
- supporting staff to implement IHPs and providing advice and training
- liaising with lead clinicians locally on appropriate support for pupils with medical conditions

2.9 Clinical commissioning groups (CCGs) are responsible for:

- ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions
- making joint commissioning arrangements for education, health, and care provision for pupils with SEND
- being responsive to LAs and schools looking to improve links between health services and schools
- providing clinical support for pupils who have long-term conditions and disabilities
- ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils

2.10 Other healthcare professionals, including GPs and paediatricians, are responsible for:

- notifying the school nurse when a child has been identified as having a medical condition that will require support at school
- providing advice on developing IHPs
- providing support in the school for children with particular conditions, e.g., asthma, diabetes, and epilepsy

2.11 Providers of health services are responsible for cooperating with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

2.12 The LA is responsible for:

- commissioning school nurses for local schools
- promoting co-operation between relevant partners
- making joint commissioning arrangements for education, health, and care provision for pupils with SEND
- providing support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered
- working with the school to ensure that pupils with medical conditions can attend school full-time

2.13 Where a child is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

2.14 Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

2.15 Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social, and cultural (SMSC) development.

3. Admissions

3.1 No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

4. Notification procedure

4.1 When the school is notified that a pupil has a medical condition that requires support in school, the appropriate nurse will inform the Assistant Headteacher for Facilities and Resources. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP plan (outlined in detail in section [8](#)).

4.2 The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Assistant Headteacher for Facilities and Resources based on all available evidence (including medical evidence and consultation with parents/carers).

4.3 For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

4.4 Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within six weeks.

5. Staff training and support

5.1 Any staff member providing support to a pupil with medical conditions receives suitable training.

5.2 Staff will not undertake healthcare procedures or administer any type of medication without appropriate training.

- 5.3 Training needs will be assessed by the appropriate school nurse through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.
- 5.4 Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 5.5 The appropriate school nurse confirms the proficiency of staff in performing medical procedures or providing medication.
- 5.6 A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.
- 5.7 Whole school awareness training is carried out on a termly basis for all staff and included in the induction of new staff members.
- 5.8 The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 5.9 Training will be commissioned by the Associate Headteacher for Facilities and Resources and provided by the following bodies:
- commercial training provider
 - the local authority
 - appropriate NHS staff
 - parents/carers of pupils with medical conditions
- 5.10 Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 5.11 The governing board will provide details of further continuing professional development opportunities for staff regarding supporting pupils with medical conditions.

6. Self-management

- 6.1 Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- 6.2 Where possible, pupils are allowed to carry their own medicines and relevant devices.
- 6.3 Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 6.4 If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents/carers will be informed so that alternative options can be considered.
- 6.5 If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Behaviour Management Policy.

7. Supply teachers and staff absence

7.1 Supply teachers will be:

- provided with access to this policy
- informed of all relevant medical conditions of pupils in the class they are providing cover for
- covered under the school's insurance arrangements

8. Individual healthcare plans (IHPs)

8.1 The school, healthcare professionals, and parent/carer(s) agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the Headteacher makes the final decision.

8.2 The school, parent/carer(s), and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

8.3 IHPs will include the following information:

- the medical condition, along with its triggers, symptoms, signs, and treatments
- the pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues
- the support needed for the pupil's educational, social, and emotional needs
- the level of support needed, including in emergencies
- whether a child can self-manage their medication
- who will provide the necessary support, including details of the expectations of the role and training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- the training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively
- cover arrangements for when the named supporting staff member is unavailable
- who needs to be made aware of the pupil's condition and the support required
- arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- separate arrangements or procedures required during school trips and activities
- where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- what to do in an emergency, including contact details and contingency arrangements

8.4 Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

8.5 IHPs will be easily accessible to those who need to refer to them, but confidentiality is preserved.

8.6 IHPs will be reviewed as indicated, or when a child's medical circumstances change, whichever is sooner.

8.7 Where a pupil has an education, health, and care (EHC) plan, the IHP is linked to it or becomes part of it.

8.8 Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

8.9 Where a child is returning from a period of hospital education, alternative provision, or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

9. Managing medicines

9.1 In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

9.2 Pupils under 16 years of age are not given prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentially.

9.3 Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

9.4 No pupil under 16 years of age will be given medicine containing aspirin unless prescribed by a doctor.

9.5 Pain relief medicines are never administered without first checking when the previous dose was taken, and the maximum dosage allowed.

9.6 Parents will be informed any time medication is administered that is not agreed in an IHP.

9.7 The school will only accept medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage, and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

9.8 All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed who holds the key to the relevant storage facility.

9.9 When medicines are no longer required, they are returned to parents/carers for safe disposal. The standard letter that is sent to parents is available at appendix i.

9.10 Sharps boxes are always used for the disposal of needles and other sharps.

9.11 Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.

9.12 The school holds asthma inhalers for emergency use, which are kept in the medical room. The school stores inhalers in the medical room for pupils who are unable to self-administer their medication and their use is recorded. Inhalers are always used in line with the school's Asthma Policy.

9.13 Trained staff may administer a controlled drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

9.14 Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

10. Adrenaline auto-injectors (AAIs)

10.1 The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy.

10.2 A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

10.3 Where a pupil has been prescribed an AAI, this will be written into their IHP.

10.4 Pupils who have prescribed AAI devices can keep their device in their possession.

10.5 Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

10.6 In the event of anaphylaxis, a designated staff member will be contacted via a two-way radio.

10.7 Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

10.8 If necessary, other staff members may assist the designated staff members with administering AAIs, e.g., if the pupil needs restraining.

10.9 The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date.

10.10 The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures.

10.11 The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.

10.12 Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

10.13 Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted, and advice sought as to whether administration of the spare AAI is appropriate.

10.14 Where a pupil is or appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

10.15 In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device.

- 10.16 Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:
- where and when the reaction took place
 - how much medication was given and by whom
- 10.17 For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.
- 10.18 For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.
- 10.19 AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 10.20 In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

11. Record keeping

- 11.1 In accordance with paragraphs 9.11, 9.12, 9.14 and 10.18, written records will be kept of all medicines administered to children.
- 11.2 Proper record keeping protects both staff and pupils and provides evidence that agreed procedures have been followed.
- 11.3 Appropriate forms for record keeping can be found in appendix D and appendix E of this policy.

12. Emergency procedures

- 12.1 Medical emergencies are dealt with under the school's emergency procedures.
- 12.2 Where an IHP is in place, it should detail:
- what constitutes an emergency
 - what to do in an emergency
- 12.3 Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.
- 12.4 If a pupil needs to be taken to hospital, a member of staff remains with the child until their parents/carers arrive.
- 12.5 When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

13. Day trips, residential visits, and sporting activities

- 13.1 Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 13.2 Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents/carers, and relevant medical professionals.
- 13.3 The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

14. Unacceptable practice

14.1 The school will not:

- assume that pupils with the same condition require the same treatment
- prevent pupils from easily accessing their inhalers and medication
- ignore the views of the pupil and/or their parents/carers
- ignore medical evidence or opinion
- send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP
- send an unwell pupil to the medical room or school office alone or with an unsuitable escort
- penalise pupils with medical conditions for their attendance record, where the absences relate to their condition
- make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs
- create barriers to children participating in school life, including school trips
- refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition

15. Liability and indemnity

15.1 The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

15.2 The school holds an insurance policy with QBE Insurance covering liability relating to the administration of medication. The policy has the following requirements:

- all staff must have undertaken appropriate training

15.3 The school holds an insurance policy with QBE Insurance covering healthcare procedures. The policy has the following requirements:

- all staff must have undertaken appropriate training

15.4 All staff providing such support will be provided access to the insurance policies.

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

16. Complaints

16.1 Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

16.2 If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.

16.3 If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

16.4 Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17. Home-to-school transport

17.1 Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.

17.2 Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

18. Defibrillators

18.1 The school has a Mediana HeartOn A15 automated external defibrillator (AED).

18.2 The AED is stored at reception in an unlocked cabinet.

18.3 All staff members and pupils are aware of the AED's location and what to do in an emergency.

18.4 A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

18.5 No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.

18.6 The emergency services will always be called where an AED is used or requires using.

18.7 Maintenance checks will be undertaken on AEDs on a weekly basis by a designated first aider, who will also keep an up-to-date record of all checks and maintenance work.

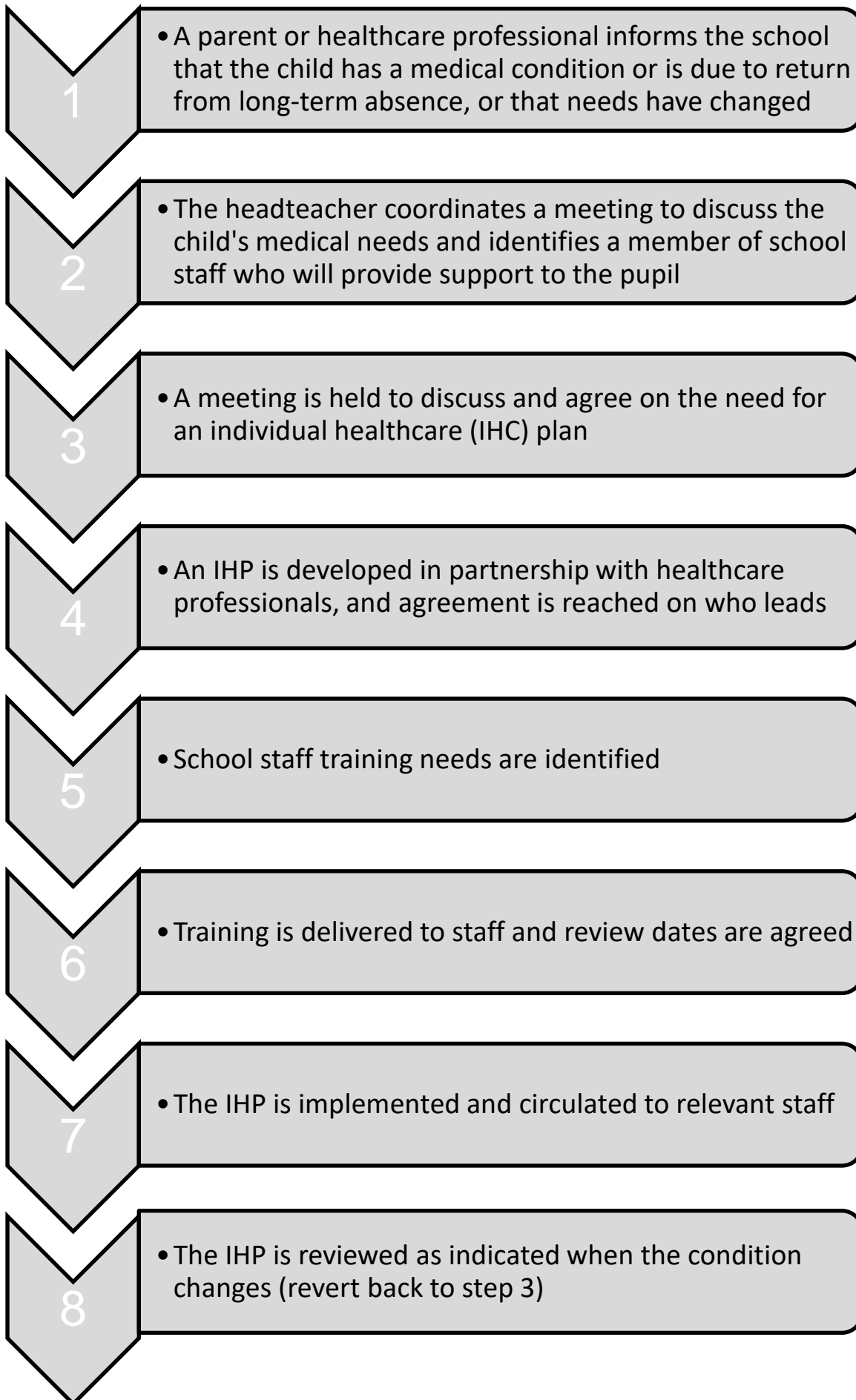
19. Monitoring and review

19.1 This policy is reviewed on a three-year basis by the governing board, Assistant Headteacher Facilities and Resources and the Headteacher.

19.2 Any changes to this policy will be communicated to all staff, parents, and relevant stakeholders.

19.3 The scheduled review date for this policy is May 2024.

Appendix A - Individual Healthcare Plan Implementation Procedure



Appendix B - Individual Healthcare Plan

Healthcare Plan for a Child with Medical Needs

Photo
Photo

Name:	
Date of Birth:	
Current Year/Class:	
Medical Condition(s):	
NHS No:	

Family Contact 1:

Name:	
Home Telephone:	
Work Telephone:	
Relationship	

Family Contact 2:

Name:	
Home Telephone:	
Work Telephone:	
Relationship	

GP:

Name:	
Telephone:	

Hospital Clinic Contact:

Name:	
Telephone:	

Details of medical symptoms: (including any regular medications)

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Copies of Plan to:

<input type="checkbox"/> School	<input type="checkbox"/> Family	<input type="checkbox"/> CCN	<input type="checkbox"/> Paediatrician/GP

Data Protection Act, 1998 and General Data Protection Regulations

The information that you supply on this form will be used by the Children and Young Peoples Services for the purpose of maintaining and improving the level of service given young people within Sandwell MBC. All information is regarded as confidential, and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within the Children and Young Peoples Services.

Sandwell MBC Children and Young Peoples Services will supply basic identifying information for inclusion on ContactPoint, which is a contacts list for professionals who work with children and young people. It will provide professionals with a quick way to find out who else is working with the same child, making it easier to deliver more coordinated support. ContactPoint lists contact details for all children in England up to their 18th birthday, their parents and carers and services working with a child. For further information visit: www.dscf.gov.uk/everychildmatters/strategy/deliveringservices1/contactpoint

Plan for Care Identified Needs

Issue	
Action	
Helper does	
Pupil Does	
Potential Problems	
(this will be completed for each identified need)	

Appendix C - Parental Agreement for the School to Administer Medicine

Request for School to Administer Medication

The school will not give your child medication unless you complete and sign this form, and the headteacher has agreed that school staff can administer medication.

Child's surname		Form group	
Child's forename(s)		DOB	
Address			
		Postcode	
Medical condition			

MEDICATION

Name/type of medication (as per dispensary label):	
Dosage (amount) and method of administration:	
Date dispensed	
For how long will your child take this medication?	
Time(s) to be given:	
Known side effects:	
Special precautions (if any):	
Self-administration:	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for the school to contact the school health nurse or focus provision/community nurse for a referral in case a care plan is required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Procedures to follow in an emergency:	

Data Protection: The school is registered under the Data Protection Act and the General Data Protection Regulations for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the local authority and with the DfE.

Contact Information

Emergency Contact 1	Name	
	Daytime telephone	
	Home telephone	
	Relationship to child	
Emergency Contact 2	Name	
	Daytime telephone	
	Home telephone	
	Relationship to child	

Parental Information

I understand that I must deliver the medicine personally to the member of staff notified to me by St Michael's Church of England High School and accept that this is a service that the school is not obliged to undertake.

Signature			
Name (print)		Date	
Relationship to child			
Witnessed by Name (print)			
Signature			

School Information

The school will confirm in writing to parents that is happy to administer medication once this form has been processed. The school will identify the member of staff to whom medication must be delivered and the member of staff who will administer the medication.

<p>School Agreement to Administer Medication</p> <p>I agree that _____ (<i>pupil name</i>) will receive (<i>quantity & name of medicine</i>) _____ every day at (<i>time(s) medicine to be administered</i>) _____ (<i>Name of child</i>) _____ will be supervised while he/she takes their medication by (<i>name of member of staff</i>) _____</p> <p>This arrangement will continue until (<i>either the end date of the course of medication, or until instructed by parents</i>) _____</p>
--

Authorised school signature			
Position	Acting Headteacher		
Name (print)	Christina Handy-Rivett	Date	

Appendix E - Staff Training Record – Administration of Medication

St Michael's Church of
England High School :

Name of staff member:

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 pertaining to (treatment type). I recommend that the training is updated by (name of member of staff).

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date:

Appendix F - Contacting Emergency Services

To be stored by the phone in the school office

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.

- The telephone number: 0121 561 6881
- Your name
- Your location as follows: St Michael's CE High School, Curral Road, Rowley Regis
- The satnav postcode: B65 9AN
- The exact location of the patient within the school
- The name of the child and a brief description of their symptoms
- The best entrance to use and where the crew will be met and taken to the patient

Appendix G - Letter Inviting Parents/Carers to Contribute to Individual Healthcare Plan Development



Dear Parent/Carer

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 support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with 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 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 affects 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 healthcare plan has been scheduled for (start date). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include a relevant healthcare professional, the school nurse, and me (the Headteacher). 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 to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email (email address) or to speak by phone if this would be helpful.

Yours faithfully

Mrs C Handy-Rivett
Headteacher

Headteacher: **Mrs C Handy-Rivett, BA (Hons), MA, NPQH**

St Michael's Church of England High School • Rowley Learning Campus • Curral Road • Rowley Regis • West Midlands • B65 9AN
Telephone: **0121 561 6881** • Fax: 0121 561 6882 • Email: contact.staff@st-michaels.sandwell.sch.uk

Appendix H - Incident Reporting Form

Date of incident	Time of incident	Place of incident	Name of ill/injured person	Details of the illness/injury	Was first aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first aider	Signature of first aider

Appendix I – Letter to parents

Date

Name
Address

Dear (Parent/Carer)

Re: Child's name

I return, herewith, the out of date (medicine details) for (pupil name) and acknowledge receipt of the new (medicine details), which will need to be replaced in (date).

I would appreciate it if you would be kind enough to confirm receipt of the (medicine details) by completing and returning the slip below to me as soon as possible.

Many thanks for your assistance.

Yours sincerely

Mrs D Stockton
Senior Administrative Officer

St Michael's Church of England High School Return of Medication

I confirm receipt of the following medication that is either out of date or no longer required:

- (medicine details)

Signed: _____ Date: _____

Print name: _____

(Parent/Guardian)

Please return to Mrs D Stockton

Headteacher: **Mrs C Handy-Rivett, BA (Hons), MA, NPQH**

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