

# The Meadows School



## Supporting Children at School with Medical Conditions Policy

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## Amendment Register

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## 1. Rationale

This Policy is governed by the statutory guidance and non-statutory advice set out in the documents

- Children and Families Act 2014
- 'Supporting Students at School with Medical Conditions' DFE December 2015
- Management of Children with Medical Needs in Schools Sandwell Primary Care Trust. (No date).

The policy also applies to activities taking place off-site as part of normal educational activities. **Statutory guidance is set out in bold text.**

**The Children and Families Act 2014 places a duty on the Governing Board** to make arrangements for supporting students in school with medical conditions.

## 2. Key Points for The Meadows

Every effort will be made to ensure that

- Students at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Governing Board is legally responsible and accountable for ensuring that arrangements are in place in school to support students with medical conditions.
- The Governing Board will ensure that school leaders consult health and social care professionals, students and parents/carers to ensure that the needs of children with medical conditions are effectively supported.
- The needs of the children include educational impacts, and social and emotional implications associated with medical conditions.
- The Governing Board will ensure that it meets its duty under the Equality Act 2010.
- As our children have statements, or an Education Health and Care Plan (EHC), this policy operates in conjunction with the SEND Code of Practice.

## 3. The Role of the Governing Board

1. **The Governing Board will ensure that arrangements are in place to support students with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child including school trips and physical education.** In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with

alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

2. **Governing Boards should ensure that school leaders consult health and social care professionals, students and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.**
3. In making their arrangements the Governing Board will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Governing Board will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
4. **The Governing Board will ensure that their arrangements give parents/carers and students confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that students need.**
5. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Governing Board will ensure that students' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

**The Governing Board will ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.** This aligns with their wider safeguarding duties. The Governing Board will ensure that this policy is reviewed regularly and is readily accessible to parents/carers and school staff.

#### **4. Policy Implementation**

Named Person: Joanne Cliffe, Headteacher, is responsible for ensuring that:

- Sufficient staff are suitably trained, including in the case of staff absence or staff turnover.
- All relevant staff, including supply staff, are aware of children's conditions.
- Risk assessments for school visits, holidays and other school activities outside of the normal timetable include reference to children's medical needs.
- Individual healthcare plans are kept up to date.

## **5. Procedures To be Followed When Notification is Received that a Student has a Medical Condition.**

- A school leader will consult with the relevant health and social care professionals, the student and parent/carers as soon as notification is received. This may include occupational therapist, physiotherapist and nursing services. Where a child is changing schools, the health and social care professionals linked to the previous setting will be consulted.
- Relevant Health & Social Care professionals, the student, parent/carers will contribute guidance as appropriate where a student is being re-integrated or where their needs have changed. This may include decisions about the rate of integration, timetable adaptations and changes, and arrangements for any staff training and support. For children new to school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to The Meadows mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- In some cases The Meadows may not wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available medical evidence and in consultation with parent/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, in the best interests of the child.

## **6. Individual Healthcare Plans**

*The model process in Appendix A will be followed for developing Individual Healthcare Plans.*

The Community Childrens Nursing Team (CCNT) is responsible for ensuring the compiling of Individual Health Care Plans. The Meadows, healthcare professionals and parent/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view. Individual Healthcare Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, who can best advised on the particular needs of the child. For example Community Children's Nurses (CCN) may contribute sections on additional needs – gastrostomy, or nasogastric, for children with a tracheostomy. Care Plans for children with asthma and epilepsy will be overseen by CCN. Students and families will also be involved whenever appropriate. The aim will be to capture the steps which The Meadows will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

**Plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans will be developed with the child's best interests in mind and ensure that The Meadows assesses and manages risks to the child's education, health and social well-being and minimises disruption.** The Individual Healthcare Plan will be linked to or become part of each child's Statement or Education/Healthcare Plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), The Meadows will work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

**Contents of Individual Health Care Plans:** These will include, as appropriate:

- **The medical condition, its triggers, signs, symptoms and treatments;**
- **Specific support for the student'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;**
- **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 parent/carers and the head teacher for medication to be administered by a member of staff, or self-administered by the student 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, 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. Where children have an emergency healthcare plan prepared by their lead clinician, this will be used to inform development of their Individual Healthcare Plan.**

## **7. Roles and Responsibilities**

Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parent/carers and students is critical in providing effective support, to ensure that the needs of students with medical conditions are met effectively. Collaborative working arrangements between all those involved, showing how they will work in partnership is set out below.

- ***The Governing Board* - will make arrangements to support students with medical conditions in school, including making sure that this policy for supporting students with medical conditions in school is developed and implemented.** They will ensure that a student with medical conditions is supported to enable the fullest participation possible in all aspects of school life. **The Governing Board will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.** They will also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.
- The Headteacher – will ensure that this policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve

recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of Individual Healthcare Plans. The Headteacher will also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. The Headteacher will be responsible for contacting the Community Children's Nurses in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the Community Children's Nurses.

- School staff - any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. Class staff must be trained to administer medication when out on school trips or residential experiences. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility 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 student with a medical condition needs help.
- Health Care Assistants (HCA) – administer routine medication required by students during the school day. They are also responsible for feeding students who are enterally fed. Health Care Assistants are employed by the school, are trained by and work under the direction of the Community Children's Nurses. HCA are employed and managed by The Meadows; training is done delivered by Community Children's Nurses.
- Community Children's Nurses (CCN) are responsible for notifying the school when a child has been identified as having a medical condition which will require support in The Meadows. Wherever possible, they will do this before the child starts at the school. They support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison, Community Children's Nurses liaise with lead clinicians on appropriate support for the child, regarding his / her medical management.
- The Community Nursing Team act as a valuable resource for The Meadows seeking advice, support and training in relation to children with a medical condition.
- Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

- Students –They will be as involved as possible in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other students will be encouraged to be sensitive to the needs of those with medical conditions.
- Parent/Carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Local authorities –Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support students with medical conditions to attend full time. Where students would not receive a suitable education at The Meadows because of their health needs, the local authority will be contacted to fulfil its duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
- Providers of health services - should co-operate with The Meadows in the support of children with a medical condition, including appropriate communication, and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Good relationships with health services will be fostered and developed as they can provide valuable support, information, advice and guidance to school, to support children with medical conditions at school.
- *The Meadows will work with:*  
Clinical commissioning groups (CCGs) – these commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical

conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

- Ofsted - Their inspection framework places a clear emphasis on meeting the needs of disabled children and students with SEN, and considering the quality of teaching and the progress made by these students. Inspectors are already briefed to consider the needs of students with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. The Meadows will make this policy available and be able to demonstrate that this is implemented effectively.

## **8. Staff Training and Support**

- **How will staff be supported in carrying out their role to support students with medical conditions?**
- **How will this be reviewed?**
- **How are training needs assessed?**
- **How and by whom is training commissioned and provided?**

**Any member of school staff providing support to a student with medical needs will have received suitable training.** This will have been identified during the development or review of Individual Healthcare Plans. Staff who provide support to students with medical conditions will be included in meetings where this is discussed. Appropriate training and information updates relating to the care of individual students is provided by the Community Children's Nurses.

All Health Care Assistants are trained by of the Community Children's Nurses. The relevant healthcare professional will normally lead on identifying and agreeing with The Meadows, the type and level of training required, and how this can be obtained. The Meadows may choose to arrange the training themselves and will ensure this remains up-to-date.

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

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

All staff will be made aware of the school's policy for supporting students with medical conditions and their role in implementing that policy during an annual inset day and via whole school email, with the policy available for reference on the Staff Shared Area and the school website. Induction arrangements for new staff will include reference to this policy. The advice of the relevant healthcare professionals will be taken on training that will help ensure that all medical conditions affecting students in the school are understood fully. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

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

The details of continuing professional development provision opportunities will be provided to staff as appropriate.

## **9. The Child's Role in Managing Their Own Medical Needs**

After discussion with parent/carers, children who are competent will be encouraged to take an appropriate level of responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans. Wherever possible, guided by safety considerations, children will be able to access their medicines or relevant devices for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures will have an appropriate level of supervision. 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 follow the procedure agreed in the Individual Healthcare Plan.

Parent/carers should be informed so that alternative options can be considered.

## **10. Managing Medicines on School Premises**

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- No child under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent. Non-prescription medicine will not be administered
- The Meadows will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container.
- All medicines must be stored safely. Children should know where their medicines are at all times. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children in a locked cupboard in the classroom. This is particularly important to consider when outside and stored in a locked cupboard in the classroom. Of school premises e.g. on school trips.
- The Meadows will keep controlled drugs that have been prescribed for a student securely stored in a locked cupboard in the classroom and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used 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. Staff administering medicines will do so in accordance with the prescriber's instructions. The Meadows will keep a record of all medicines administered to individual children (see Appendix 4: Medication Administration Record Sheet) stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal via the bus escort hand to hand. Sharps boxes will always be used for the disposal of needles and other sharps.

## **11. Record Keeping**

**The Governing Board is responsible for ensuring that written records are kept of all medicines administered to children.**

On a day –to-day basis, staff administering medication will keep written records of all medicines given, and sign to confirm the details. A student Medication Record is maintained for all students receiving routine medication. This record is maintained on a daily basis by the staff trained and identified to give medication to the child.

Parent/carers will be informed if their child has been unwell at school, either by home-school book, phone call or in person as appropriate.

## 12. Emergency Procedures

**The Meadows First Aid Policy sets out what should happen in an emergency.**

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance. The accompanying member of staff must have all relevant information pertinent to the child.

## 13. Day Trips, Residential Visits and Sporting Activities

- **Students with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, so that their condition does not prevent them from doing so.** Teachers will be aware of how a child's medical condition will impact on their participation, but be flexible enough to enable all children to participate according to their own abilities and with any reasonable adjustments. The Meadows will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- School staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The lead member of staff will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This may require consultation with parents/carers and students and advice from the relevant healthcare professional to ensure that students can participate safely. (Please also see Health and Safety Executive (HSE) guidance on school trips.)

## 14. Other Issues

- Home to School Transport – The Meadows will notify transport of a student's Individual Healthcare Plan and what it contains, especially in respect of emergency situations. This information will contribute to the development of transport healthcare plans for students with life threatening conditions.
- *Asthma Policy* – *The Meadows Asthma Policy* is relevant here. The school will be guided by the protocol to be produced by the Department of Health on the voluntary holding of asthma inhalers for emergency use.

## 15. Unacceptable Practice

School staff will use their discretion and judge each case on its merits with reference to each child's Individual Healthcare Plan. It is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication.
- Where a child is able, to prevent them administering their medication; themselves under adult supervision and in line with safety;
- 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 this may be challenged);
- 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 or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication 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, eg by requiring parents/carers to accompany the child.

## 16. Liability and Indemnity

**Governing bodies must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.** The school's insurance arrangements cover staff providing support to students with medical conditions. These insurance policies are accessible to staff providing such support. Insurance policies will provide liability cover relating to the administration of medication, and individual cover is arranged for particular health care procedures .e.g. tracheostomy care, oral suction, gastrostomy and nasogastric feeding. The level and remit of cover required will be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, will be made clear and complied with.

It is noted that in the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

## 17. Complaints

The procedure for making a complaint is set out in *The Meadows Complaints Policy* available to parent/carers/students on the school website. The Meadows sports College hopes that should parents/carers or students be dissatisfied with the support provided, they will discuss their concerns directly with school first. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parent/carers (and students) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## 18. Further Sources of Information

### Other Safeguarding Legislation

**Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of students at the school.

**Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are students at the school.

**Section 3 of the Children Act 1989** provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

**Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

**Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing Board of a maintained school, the proprietor

of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

**The NHS Act 2006: Section 3** gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses. Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people.
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

## 19. Other Relevant Legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing Board or academy trust) to take reasonable steps to ensure that staff and students are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

**Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the

caring of sick or injured students. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation.

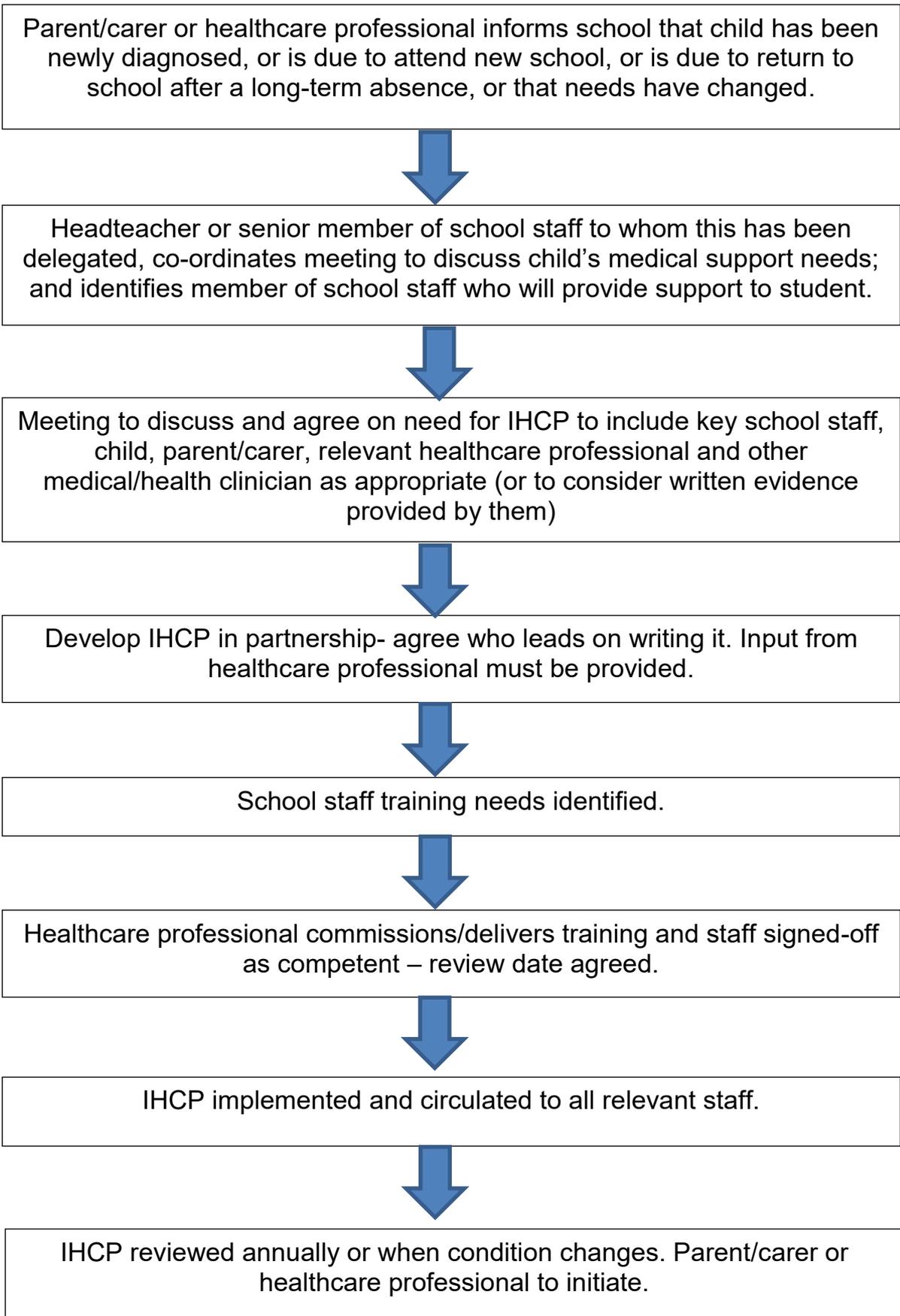
### **The Special Educational Needs Code of Practice**

**Section 19 of the Education Act 1996** (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

### **20. Associated Resources**

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

## Appendix 1: Model process for developing individual healthcare plans



**Appendix 2: Individual Healthcare Plan template**

Photo	Name:	
	Date of Birth:	
	Current Year / Class	
	Medical Conditions	
	NHS No.	

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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 medication)*

Regular requirements: *(e.g. P.E; lunchtimes)*

What constitutes an emergency, and what action should be taken:

Review of Care Plan:				
Name:				
Designation:				
Date:				
Date due for review:				
Copies of Plan to:				
School		Family	School Nurse	Paediatrician or GP:

Health Care Plan reviewed on (date)							
Persons reviewing plan:							
This plan does not need changing							
Next review on (date):							
<i>(The Care Plan should be updated fully at least every 2 years)</i>							
Copies of Plan to:							
School		Family		School Nurse		Paediatrician or GP:	

### Data Protection Act, 1988

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 for 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 People 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 18<sup>th</sup> birthday, their parents and carers and services working with a child. For further information visit: Department for children, Schools and Families (Every Child Matters)

### Appendix 3: Parental Agreement for a school to administer medicine template

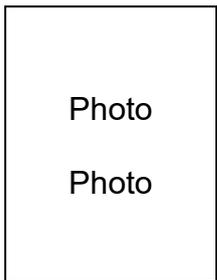
I agree that <i>(name of child)</i>	
Date of birth	
will receive: <i>(quantity and name of medicine)</i>	
every day at <i>(time(s) medicine to be administered)</i>	
<i>Delete one</i> <ul style="list-style-type: none"><li>➤ Medication will be given</li><li>➤ Supervision will occur whilst he/she takes their medicine</li></ul>	
<i>Delete one</i> <ul style="list-style-type: none"><li>➤ Insert named member of staff</li><li>➤ See attached list of staff</li></ul>	
<i>Delete one</i> <ul style="list-style-type: none"><li>➤ This will continue until the end date of the course of medication on</li><li>➤ This will continue until instructed by parents</li></ul>	

Authorised School Signature:	
Position:	
Name: <i>(print)</i>	
Date:	

Signature of Parent/Carer::	
Relationship to Child:	
Name: <i>(print)</i>	
Date:	

A copy of this form should also be given to the parent.

**Appendix 4: Medication Administration Record Sheet (MARS)**



Name:

--

Date of Birth/NHS No

--	--

Medicine name and strength

--

Dosage and Method of administration:

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Timing

--

Signatures

--

Date:	Time:	Dose	Administered by:	Witnessed by:	Comments


**Appendix 5**

**Procedure to Administer Medication in School**

- Medication sent into school, to be held by transport staff, not in school bag.
- Medication handed to Nurses
- Nurses access NHS records to check correct medication, dose and administration
- Full record sheets handed to and retained by Nurses. New record sheets prepared by Nurses and handed to HCAs as required
- Nurses complete Medication Administration Record Sheet (MARS)
- MARS and medication passed to HCAs
- HCAs put medication into identified secure medication cupboard in student's classroom
- HCAs add students details to medication timetable
- HCAs send a request slip home in student diary to request repeat medication

## Appendix 6

### This is a 2 person process

- Start of day HCAs collect students Medicine Records and Timetable from Nurses Office
  - Ensure students given medication at correct time by following timetable as closely as possible
  - At all times, 2 appropriately trained staff work together to prepare and give medication.
  - In named student's classroom
    - Remove student's medication from secure cupboard
    - Lock cupboard
    - Both appropriate trained staff check:
      - Right person
      - Right medicatic
      - Right time
      - Right dose
      - Right route
      - Right time
      - Expiry date
- All checked against Medicine Administration Record Sheet
- Both appropriately trained staff sign Medicine Record Chart
  - Medication returned to cupboard and cupboard locked BEFORE administering medication
  - Both appropriately trained staff, attend student to administer medication.
  - Procedure repeated for each student requiring medication
  - Medication is prepared for ONE student at a time – under no circumstances should medication be prepared for more than one student even if they are in the same class
  - Appropriately trained staff can be contacted on Blick 312 during the day
  - At the end of the day Student Medicine Records returned to Nurses Office and store securely