

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY
ABBOTSWOOD JUNIOR SCHOOL
Approved by Full Governance Board: 24 November 2025
Review date: November 2027

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school and the Head Teacher to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the [Supporting Pupils with Medical Needs document](#). All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles & Responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for:

- Ensuring that this policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical to ensure that the needs of pupils with medical conditions are met effectively. Making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

The Governing body 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 ensure that any members of

school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Head teacher is responsible for:

Ensuring that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Head teacher will ensure that all staff that need to know are aware of the child's condition. They will ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all Individual Healthcare plan (IHP)s, including in contingency and emergency situations. The Head teacher has overall responsibility for the development of Individual Healthcare plan (IHP)s. They will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service 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 school nurse.

Teachers and Support Staff are responsible for:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration 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 pupils with medical conditions that they teach. 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 pupil with a medical condition needs help.

The Welfare and Health Officer is responsible for:

Maintaining records and liaising with parents of children with medical conditions to ensure the school is able to provide support as set out in the policy. This may include being the provider of that support and/or working closely with other staff to do this.

The School Nurse is responsible for:

Every school has access to school nursing services for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's Individual Healthcare plan (IHP) and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition

Responsibilities of other key parties:

- 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. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).
- Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare plan (IHP). Other pupils will often be sensitive to the needs of those with medical conditions.
- Parents – 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 are key partners and should be involved in the development and review of their child's Individual Healthcare plan (IHP), 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 – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation 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 wellbeing of children with regard 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 plan (IHP)s can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. 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 school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
- Providers of health services – should cooperate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- Clinical commissioning groups (CCGs) – 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 co-operate 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.

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and previous schools and the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team.

We will use our pupil registration form and/or our MIS Arbor, to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

When children with medical conditions transfer to Abbotswood, our Welfare and Health Officer will liaise with parents/carers to ascertain details. Training will be organised as appropriate. The Welfare and Health Officer will ensure staff are aware of the condition and the care plan.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care plans

Statutory Requirement: The Governing body will ensure that the school's policy covers the role of Individual Healthcare plan (IHP)s, and who is responsible for their development in supporting children at school with medical conditions.

We recognise that Individual Healthcare plan (IHP)s are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an Individual Healthcare plan (IHP) it will be the responsibility of the Welfare and Health Officer to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) 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 child. The Welfare and Health Officer will work in partnership with the parents/carer, and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the Individual Healthcare plan (IHP) will be linked to or become part of that statement or EHC plan.

We will use the Individual Healthcare plan (IHP) template produced by Hampshire County Council Children's services dept, based on the DfE model, to record the plan (we have put this into a google online form for ease of access).

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the Individual Healthcare plan (IHP) identifies the support the child will need to reintegrate effectively.

Statutory Requirement: The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans will be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

The Welfare and Health Officer will review all plans at least annually or if something changes prompting such a review.

Statutory Requirement: When deciding what information should be recorded on Individual Healthcare plan (IHP)s, the governing body should consider the following:

- 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 – 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 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 (IHP).

Staff training and support

Statutory Requirement: The Governing Body will ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

Any member of school staff providing support to a child with medical needs must have received suitable training. This will be identified during the development or review of Individual Healthcare plan (IHP)s. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any Individual Healthcare plan (IHP)s). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in the pupils' individual health care plans.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All new staff will be inducted on this policy when they join the school through their initial induction. Records of this training will be stored on the Health and Safety Calendar.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing this policy. This training will be carried out initially in a whole staff meeting and thereafter during the induction process.

The awareness training will be provided to staff by email.

We will retain evidence that staff have been provided the relevant awareness training on the policy by logging all such training on the Health and Safety calendar and staff will also sign an acknowledgement sheet that awareness training has been completed.

Where required 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 medical conditions. The training will ensure staff have an understanding of the specific medical conditions they are

being asked to deal with, their implications and 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 (IHP). 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, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Any training undertaken will form part of the overall training record for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training to ensure this remains up-to-date.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The child's role

Statutory Requirement: The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their Individual Healthcare plan (IHP). The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children 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.

Managing medicines on School Premises

Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

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, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this).

A documented tracking system to record all medicines received in and out of the premises will be put in place. The medications are tracked via a spreadsheet by the Welfare and Health Officer.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication 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.

Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature 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 child's name. Labelled rucksacks held in each classroom are used for storing inhalers and inhalers are labelled clearly and readily accessible for the children to collect and use. With signed parental agreement older responsible children are permitted to carry their inhalers with them.

Controlled drugs will be securely stored in a non-portable container which only office staff or SLT 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 child to administer their own controlled medication. This would normally be at the advice of a medical practitioner.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (where the school have concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents where medicine has been given.

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 hypoglycaemia

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 section).

Storage

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 premise.

Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in a clearly labelled airtight container. There must be restricted access to the refrigerator holding medicines, which is located in the First Aid room. The refrigerator is locked for safety.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate.

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.

Storage of medication whilst off site will be maintained at steady temperature and secure. 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 for residentials to ensure appropriate procedures are followed. For local school trips, key details are given to staff.

Disposal

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.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged via parents who will remove them from site as necessary.

Medical Accommodation

The First Aid Room will be used for medical administration/treatment purposes. Minor injuries will be treated at the location of injury (e.g. school field).

Record keeping

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, will be recorded. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation.

Where a child has an Individual Healthcare plan (IHP), 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 other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

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

Day trips/off site activities

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

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make 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 advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other issues

Defibrillators are available in school reception and by the sports hall.

Unacceptable practice

Statutory Requirement: The governing body will ensure that the school's policy is explicit about what practice is not acceptable.

Staff are expected to use their discretion and judge each child's Individual Healthcare plan (IHP) on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although 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 plan (IHP)s;
- 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, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer 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 e.g. by requiring parents to accompany the child.

Liability and Indemnity

Statutory Requirement: The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance 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.

Complaints

Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Should parents or children 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.

There are a number of templates in the following appendices which are part of the template document. Wherever possible we have automated these templates for ease of access. Links to these documents are as follows:

[Administration of medicines](#)

[Health Care Plans](#)

The output of which can be located in the school's **Office Drive**

Standard Risk Assessment:

Standard Risk Assessment:

Appendix B

Activity	Administration of Medicines	Date of Assessment	March 2015
Location		Date of Review	
Name of Risk Assessor		Risk assessment subject to.	Management of Health and Safety at Work Regulations

This risk assessment template can be used for specialist areas where a model template does not exist. .

Standard Risk Assessment:

Original risk assessments must be kept for a period of 7 years. On completion a hard copy should be printed off and placed in your local/site health and safety folder.

This document should be filed under the school system Teacher Resources/Health and Safety

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<u>Policy/Procedures</u>						
Lack of policy/procedures	Children, Visitors, Staff, Contractors. Could cause... Allergic reaction, overdose, reaction to not taking medicines correctly, incorrect dosage	Local administration of medicines policy documented for premises	No			
Lack of clarity and staff awareness of	administered. Medicating incorrectly		No			

Standard Risk Assessment:

policy and procedures	As above	Administration of medicines policy provided to staff at induction and periodically thereafter	No			
Failure to follow policy/procedures	As above	Investigation procedure in place in the event of failure e.g. refresher training, disciplinary procedures or review of policy				
<u>Training</u>						
Lack of awareness	Child and Staff	Periodic awareness training provided	No			
training to safely administer medicines e.g.	Child may not get correct dosage. Staff may inject themselves.	for medical conditions such as asthma or epi-pen etc. by a competent person e.g. school nurse				

Standard Risk Assessment:

asthmas, epi-pen etc.	Child. Medicines may not be in date or refrigerated properly.	or other medical professional	No			
Lack of awareness training in control and storage of medication	Child. May not receive correct care and signs and symptoms may be missed.	Induction awareness training on local storage procedures and periodic refresher information provided as necessary to relevant staff e.g. policy/procedures	No			
Lack of specific awareness training to meet individual		Questionnaire (provided by School Nursing Team) to be completed by parents/guardian for pupils on admission to school to ensure medical needs are identified	No			

Standard Risk Assessment:

needs of children on the premises						
<u>Administration</u>						
Incorrect dosage given	Child Allergic reaction, overdose, reaction to not taking medicines correctly, incorrect	Medication to be provided in the original container/labelled with the name of the appropriate pupil and dose required	No No			
Incorrect pupil given medication	dosage administered. As above	Local procedure for checking name and dosage on medication prior to administration	No			
Out of date medication administered	As above					

Standard Risk Assessment:

		Part of local procedure should be to review expiry date prior to administering medication				
<u>Controlled Drugs</u> Any specific procedures	As above	Only trained staff to administer medication	no			
<u>Storage</u> No locked cabinet or room in use/available prescribed	Child Allergic reaction, overdose, reaction to not taking medicines	Locked cabinet (not easily removable) or lockable room for use of storing all medication	No			

Standard Risk Assessment:

medicines and controlled drugs not locked away e.g. stored in pigeonholes	correctly, incorrect dosage administered. As above	A dedicated refrigerator is used which is in a secure location.	No			
No secure refrigerator available/in use	As above	Medicines to be provided in the original container labelled with the name of the appropriate pupil	No			
Medicines not in original containers or clearly labelled	Child Unable to access medication	All emergency medicines (asthma inhalers, epi-pens etc.) readily available and not locked away.				

Standard Risk Assessment:

Emergency medicines locked away						
Consent						
Lack of parents' consent	Child Unable to have medicine when needed	Parental consent forms to be completed using standard template, provided by the school and fully completed by a parent or guardian of	No			
Inappropriate person providing consent	Child Incorrect information	child only, providing all relevant information requested As Above	No			
	Child Incorrect information		No			

Standard Risk Assessment:

Limited information on consent form (leading to lack of clarity)		As above				
Formal consent forms not used						
<u>Health Care Plans</u>						
School unaware that child has health issues requiring monitoring in school	Child Signs & symptoms missed	Process in place for detailing a child who has health issues that require monitoring in school i.e Health Care Plan	No			

Standard Risk Assessment:

No health care plans in place	Child	A health care plan must be devised	No			
	Signs & symptoms missed	when required in conjunction with appropriate medical practitioner, parents, guardian and Headteacher	No			
Lack of involvement of family and health care professionals	Child	Health care plans to be provided to all relevant staff	No			
Lack of awareness of health care plan by relevant staff	Child	A health care plan must be devised via medical practitioner, parents, guardian and Headteacher using				

Standard Risk Assessment:

[illegible]

Standard Risk Assessment:

No tracking system for medication received in and out of premise	Child	used for every medication	No			
	Medicines may be unavailable or out of date	administered Tracking system should include the expiry date for medication to enable periodical checks to be carried out, unless another system has been implemented Procedure in place to check when expiry dates are exceeded and to remind parents.	No			
<u>Disposal of Medication</u>			No			

Standard Risk Assessment:

Medication not disposed of responsibly	Children, Visitors, Staff Contractors Overdose, allergic reaction	Parents' responsibility to safely dispose of medication school has returned to parent				
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Standard Risk Assessment:

Standard Risk Assessment:

Action Plan for Risk Assessment

Action Plan to be completed based on the findings of risk assessment. The following actions are to be undertaken to reduce the risk level as far as reasonably

practical and to ensure that all of the standard controls and local arrangements are in place.

No.	Hazard not fully controlled	Performance Status	Action required	Person Responsible	Target Date	Date of Completion
		Imminent				
		High				
		Medium				
		Low				
		Very low				
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Standard Risk Assessment:

Signature of Responsible Manager.....

Date.....

APPENDIX C

<https://docs.google.com/spreadsheets/d/1c1ddkvGazJQ8unMkTIRDCsMir7NGiDfqDSsPLfenOE>

[A/edit#gid=533753146](#)

MEDICATION TRACKING FORM

[illegible]

APPENDIX D

Templates

Supporting pupils with medical conditions

May 2014

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Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates.

They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: Individual Healthcare plan (IHP)

Name of school/setting				
Child's name				
Group/class/form				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				
Family Contact Information				
Name				
Phone no. (work)				
(home)				
(mobile)				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Clinic/Hospital Contact				
Name				
Phone no.				
G.P.				
Name				
Phone no.				

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by				
Name of school/setting				
Name of child				
Date of birth				
Group/class/form				
Medical condition or illness				
Medicine				
Name/type of medicine (as described on the container)				
Expiry date				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school/setting needs to know about?				
Self-administration – y/n				
Procedures to take in an emergency				
NB: Medicines must be in the original container as dispensed by the pharmacy				
Contact Details				
Name				
Daytime telephone no.				
Relationship to child				
Address				
I understand that I must deliver the medicine personally to	[agreed member of staff]			

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

will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of

the medication or if the medicine is stopped.

Signature(s)

Date

Template C: record of medicine administered to an individual child

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

Staff signature

Signature of parent

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

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

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

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

Template D: record of medicine administered to all children

Name of school/setting

--

DateChild's name

Time

Name of medicine

Dose given

Any reactions

Signature
of staff

Print name

[illegible]

Template E: staff training record – administration of medicines

Name of school/setting				
Name				
Type of training received				
Date of training completed				
Training provided by				
Profession and title				

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to Individual Healthcare plan (IHP) development

Dear Parent

DEVELOPING AN Individual Healthcare plan (IHP) 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 (IHP) to be prepared, setting out what support the each pupil needs and how this will be provided. Individual Healthcare plan (IHP)s are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare plan (IHP)s are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Healthcare plan (IHP) template and return it, together with any relevant evidence, for consideration at the meeting. I [or

another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



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APPENDIX E

Please complete the questionnaire below and return it to school

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. Could you 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.....

Does your child have a medical condition/ health concern?

YES ☐ NO ☐

If YES please give details

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

Does your child take medication during the school day?

YES ☐ NO ☐

If YES please give details

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.

Signature(s)

Print Name

[Parent/ Carer with parental responsibility]



Date

Contact number _____

September 2014

APPENDIX F

Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children 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.

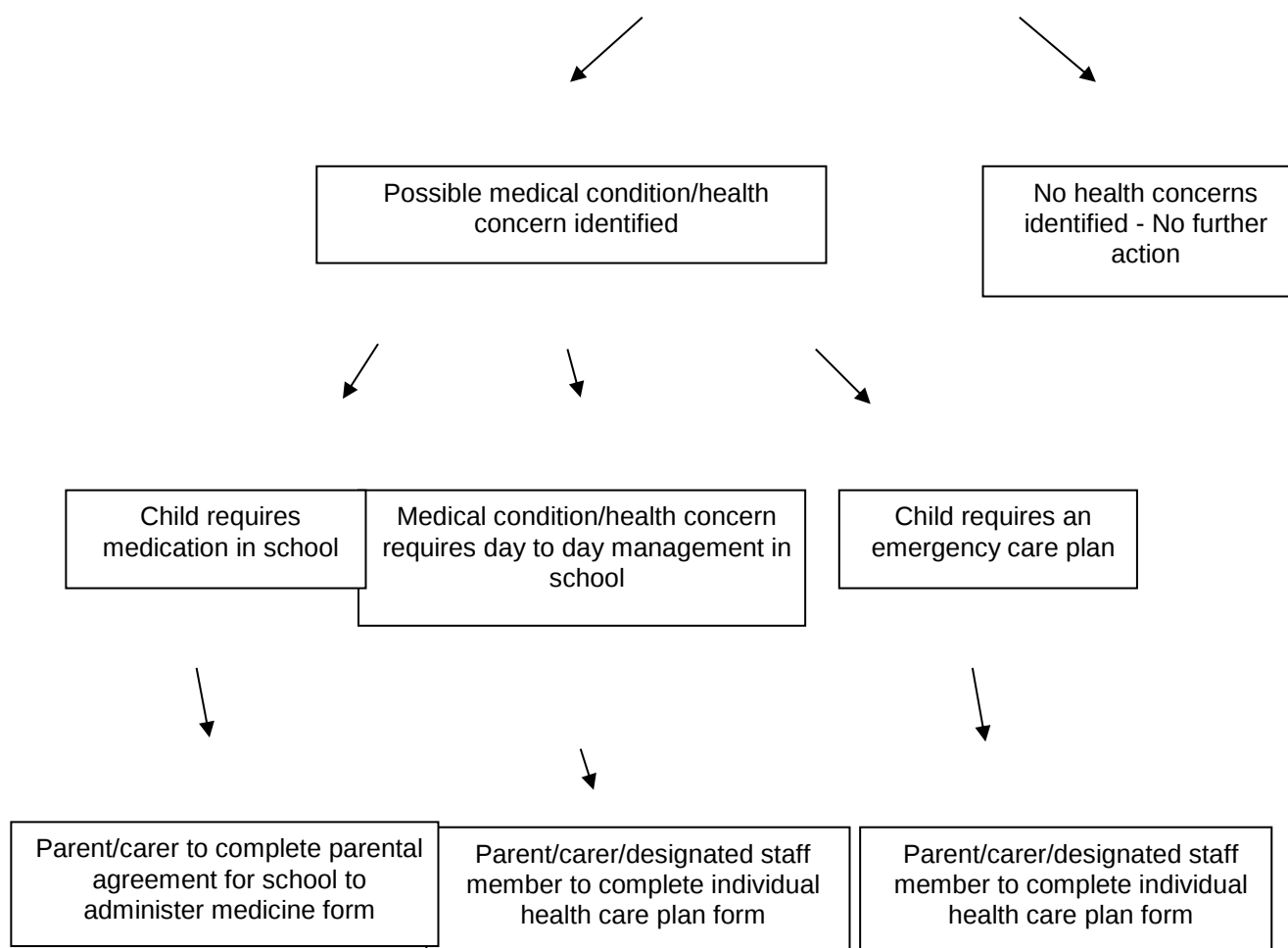
Questionnaire sent to all parent/ carers at school entry.

Year R

Year 3 [Junior schools]

Year 7

In addition to the above cohorts the questionnaire should be sent to children who are admitted to the school at any other point



Please see sample flowchart below from the Supporting pupils with medical conditions guidance

