



Supporting Pupils at School with Medical Conditions Policy

This policy was ratified on:	November 2018
Implemented on:	November 2018
Review date:	November 2019
Signed by the Headteacher:	Rachael Schofield
Signed by the Chair of Governors:	Hilary Hodge

Bassingbourn Community Primary School (BCPS) is an inclusive community that aims to support and welcome pupils with medical conditions in order to ensure that such children can access and enjoy the same opportunities at school as any other child. The focus of this policy is on the needs of each individual child and how their medical condition impacts on their school life. Some children may be disabled, and provision would comply with the Equality Act 2010. Others may also have special educational needs (SEN), may have a statement, or Education, Health and Care plan (EHC).

1. Our aims

- This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.
- This school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can be healthy, stay safe, enjoy and achieve make a positive contribution and achieve economic well-being. Pupils with medical conditions are encouraged to take control of their condition. This school aims to include all pupils with medical conditions in all school activities.
- Parents/carers of pupils with medical conditions are aware of the care their children receive at this school.
- This school ensures all staff understand their duty of care to children and young people in the event of an emergency. All staff have access to information about what to do in an emergency.
- The school is working towards compliance with General Data Protection Regulations (2018) so as to be fully compliant by May 2018
- This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- All staff have an understanding of the common medical conditions that may affect children at this school. Staff receive regular updates. The Headteacher is responsible for ensuring staff receive regular updates. Diabetes training is offered to key staff at Addenbrookes.
- The medical conditions policy is understood and followed by the whole school and local health community.

2. The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation

Parent/carers are informed about the medical conditions through:

- Privacy notice information
- Policy statement in school's
- Policy available on school's website

School staff are informed and regularly reminded about the school's medical conditions policy:

- Through the staff induction handbook/ staff meetings
- Through scheduled medical conditions updates
- Supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies
- Staff are made aware of any Individual Health Plans as they relate to their teaching/supervision groups.

3. Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school

- Staff at this school are aware of the most common serious medical conditions at this school. Staff at this school understand their duty of care to pupils both during, and at either side of the school day in the event of an emergency.
 - The majority of staff receive updates each year for asthma, diabetes, epilepsy and anaphylaxis. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan (Appendix 1 Form 1). Training needs will be assessed through discussion with Health Care Professionals, who will also make recommendations regarding the type and level of training required and how this can be obtained. Yearly reviews of individual Health Care Plans and medical needs will ensure this remains up to date.
4. GDPR Article 9 2a states ‘the data subject has given explicit consent to the processing of those personal data for one or more specified purposes’. These include:
- Storing pupil medical condition on SIMS.
 - Children with notable medical conditions are identified via school registers to all school staff; in-school parental helpers; in-school visitors.
 - The name, image and medical condition of children is displayed in the staff room to aid identification.
 - Individual Health Plans (stored in HT office in folder and on staff server) inform staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help. These are NO LONGER to be stored on individual teacher computers or memory sticks.
 - GDPR Article 9 2c permits pupil’s Individual Health Care Plans to be processed by emergency health care professionals in an emergency – and can accompany a child to hospital. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. This school will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the schools senior management and/or the schools critical incidents team.
 - The names of children with notable medical conditions will be shared with parental helpers on trips; however the details of their condition will be known only to school staff (in whose group they will be placed)
 - A list of children with asthma and anaphylaxis will be kept in the office alongside permissions to administer the school inhaler / epipen if required.

4. The school has clear guidance on the administration of medication at school

Administration – emergency medication

- This school will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.
- The school has an inhaler, for use in emergency circumstances, with parental permission. An asthma card will be completed by the parent and stored with the card.
- If an epipen is administered, the time of administration should be written on the child’s hand in biro (pen to be kept with epipen). In case of emergency, it is permitted for a school to administer the school’s own epipen (as long as consent has been sought in advance).

- Staff should not take a pupil who is suffering from a serious injury or illness to hospital by car but should call an ambulance. Unless the injury or accident has been caused by a critical incident, parents or relatives (emergency contacts) should be informed immediately. A member of staff will accompany the child to hospital if necessary and await the arrival of parents.

Administration – general

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Wherever possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- No child should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where verbal consent may be given.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.
- Medicines will only be accepted that are prescribed, in-date, labelled, provided in the original container as dispensed and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but can be provided in pen/pump.
- Most medicines will be stored safely in the school office. Some medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips. Two epipens will be requested from a child with anaphylaxis (in case of emergency). A child requiring the administration of an epipen must have a letter from their GP explaining the condition and potential need for staff to administer an epipen.
- Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom (two adults). Any side effects of the medication to be administered at school should be noted. Parents are usually responsible for the administration of medicines and may come into school to administer them, or time the administration of medicines so they do not impact on the school day. One copy of medicine administration paperwork should be given to parents at the end of each school day. One copy of medicine administration paperwork should be kept, on file, in the office for one year in accordance with GDPR Article 6 1b: 'Processing is necessary for compliance with a legal obligation to which the controller is subject.'
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- Parents/carers at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.
- If a pupil at this school refuses their medication, staff will record this inform parents of this non-compliance as soon as possible.

- Pupils should, at no times, self-medicate and staff should ensure that any medication they carry is safely inaccessible to pupils.
- All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. Staff members should make helpers aware, via the risk assessment, that a child has a medical condition / however details of the medical condition do not have to be disclosed. Children with a medical condition should be placed in a staff member's group.
- If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- If a pupil misuses medication, either their own or another pupil's, their parents/carers are informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, pupils will be subject to the school's usual disciplinary procedures.
- Pupils who are unwell should not be sent into school (with the exception of low level concerns). 48 hours should pass since the last bout of sickness / diarrhea before a pupil returns to school. If a child becomes unwell in school the school will contact the parents who are responsible for collecting their child

5. This school has clear guidance on the storage of medication at school

- Children who are deemed competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children should be allowed to carry their own inhalers. Inhalers for younger children are stored in a box in their classroom; or held by a group leader on trips. An emergency inhaler and an emergency epipen are held within school (in asthma cupboard in office) and can be administered to children from whom permission has been sought. When this happens, a staff member must remain with the child at all times. Diabetic medication remain with the child. Other medications are stored, securely in the office.

Safe disposal

- All medication (including blue inhalers) is sent home with pupils at the end of the school year. Class teachers / office staff should check the dates on inhalers / medication each term.
- Parents/carers at this school are asked to collect out-of-date medication.
- When no longer required medication should be returned to the parent for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication will be disposed of via a local pharmacy.
- If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the pupil's parent.
- Collection and disposal of sharps boxes is arranged with the local authority's environmental services / child's parent.

6. This school has clear guidance about record keeping for pupils with medical conditions

Enrolment forms

Parents/carers at this school are asked if their child has any medical conditions. This information is stored securely in SIMS. If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection) parents are requested to complete a form giving permission for medicine to be administered.

Drawing up Individual Health Plans

This school uses an Individual Health Plan for children with complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Plan if required. Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse and the school:

- diabetes
- gastrostomy feeds
- a tracheostomy
- anaphylaxis
- a central line or other long term venous access
- severe asthma that has required a hospital admission within the last 12 months
- epilepsy with rescue medication

An Individual health care plan will be drawn up, in consultation with the parent, by a member of the SLT. Plans should be drawn up in partnership between the school and a relevant health care professional. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to get the best from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. The finalised plan will be given to parents/carers, school and school nurse – and made available to any supply / new staff as part of the induction process.

Individualised Health Plans should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plan should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

When deciding what information should be recorded on individual health plans, consider:

- 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
- Specific support for the pupil's educational, social and emotional needs e.g. extra time / rest periods in tests
- The level of support needed, 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 Headteachers 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 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 what to do in an emergency, including whom to contact, and contingency arrangements.

Individual Health Care plans can also be drawn up, with permission, for staff members with complex medical needs that may require emergency intervention.

Medical Conditions Information Pathway

Form sent out by school asking parents to identify any medical conditions. Form to be sent out, depending on school's usual procedures including:

- Transition discussions
- At start of school year
- New enrolment (during the school year)
- New diagnosis informed by parents

1. School collates response and identifies those needing individual health. Information entered onto SIMS. Permissions sought to process medical information.
2. School contacts parents either to review Individual Health Plan (IHP) or start new plan if needed
3. Parents complete IHP. All contacts to be documented and dated.
4. Stored in HT office individual health plan register file and on 'staff' server.

School Individual Health Plan register

Individual Health Plans are used to create a centralised register of pupils with complex health needs. The Headteachers have responsibility for the register at this school. This school has ensured that there is a clear and accessible system for identifying pupils with health plans/medical needs such as names being 'flagged' on the SIMs system. A robust procedure is in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school is updated on the schools record system. The Headteachers follow up with the parents/carers and health professional if further detail on a pupil's Individual Health Plan is required or if permission or administration of medication is unclear or incomplete.

Ongoing communication and review of Individual Health Plans

Parents/carers at this school are regularly reminded to update their child's Individual Health Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Each Individual Health Plan will have a review date. Parents/carers have a designated route/person to direct any additional information, letters or health in order that the necessary records are altered quickly and the necessary information disseminated.

Storage and access to Individual Health Plans

Parents/carers and pupils (where appropriate) at this school are provided with a copy of the pupil's current agreed Individual Health Plan.

Individual Health Plans are kept in the Headteachers' office. Apart from the central copy, specified members of staff (agreed by the pupil and parents/carers) may view the plan via the staff server (but no new paper copies to be printed or electronic copies to be made without parental permission.).

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of the Individual Health Plans and needs of the pupils in their care.

This school informs parents/carers that the Individual Health Plan would be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This is included on the Individual Health Plan. The information in the Individual Health Plan will remain confidential unless needed in an emergency.

Use of Individual Health Plans

Individual Health Plans are used by this school to:

- inform the appropriate staff about the individual needs of a pupil with a complex health need in their care
- identify important individual triggers for pupils with complex health needs at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of triggers
- ensure this school's emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency

Residential visits

Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the pupil's individual health plan. All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff (or necessary adults) permission to know about medical conditions and supervise administration of medication at night or in the morning if required. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away. A copy of the Individual Health Plan and equipment/medication must be taken on off-site activities and permission must be sought from parents for this.

7. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

Physical environment

- a. This school is committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.
- b. This school aims to meet the needs of pupils with medical conditions and to ensure that the physical environment at this school is as accessible as possible.
- c. This school's commitment to an accessible physical environment includes out-of-school; it also recognises that this may sometimes mean changing activities or locations.

Social interactions

- a. This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- b. This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.
- c. All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- d. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

- a. This school understands the importance of all pupils taking part in sports, games and activities.
- b. This school seeks to ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- c. This school seeks to ensure that all classroom teachers, PE teachers and sports coaches understand that if a pupil reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.
- d. Teachers and sports coaches are aware of pupils in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.
- e. This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.
- f. This school seeks to ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- g. This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

- a. This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- b. Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator.
- c. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- d. Pupils at this school learn how to respond to common medical conditions.

Risk Assessments

- a. Risk assessments are carried out by this school prior to any out-of-school visit or off site provision and medical conditions are considered during this process. This school considers: how all pupils will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.
- b. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities. This school considers additional medication and facilities that are normally available at school.

c. This school carries out risk assessments before pupils start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents/carers before any medical information is shared with an employer or other education provider.

d. Individual risk assessments may be completed for some pupils for some activities depending on the level of need.

8. This school is aware of the triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing these health and safety risks.

This school is committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

School staff have been updated on medical conditions. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.

9. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy

This school works in partnership with all interested and relevant parties including the school's governing body, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly:

- 1. Governing Bodies** - must make 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 should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with **medical conditions**. They should also 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 Governing bodies must ensure that medical information is processed in compliance with GDPR.
- 2. Headteachers** – should ensure that their 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. Headteachers should 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should 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.

3. **School staff** - any member of school staff may be asked to provide support to pupils 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 pupils with medical conditions that they teach. School staff should 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.
4. **School nurses** - every school has access to school nursing service through referral. They are responsible 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 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.
5. **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).
6. **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. Other pupils will often be sensitive to the needs of those with medical conditions.
7. **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, 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.
8. **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 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 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 schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

9. **Providers of health services** - should co-operate 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 participation 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.
10. **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 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.
11. **Ofsted** - their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

10. Unacceptable practice

Staff should note that it is not generally acceptable practice to:

- Prevent children from easily accessing inhalers and medication and administering their medicine when and where necessary
- Send children with medical conditions home frequently or prevent them from staying for normal school activities unless it is specified in their healthcare plans
- Penalise children for their attendance record if their absences are related to their medical condition
- Require parents, or otherwise make them feel obliged to attend school to administer medicine or provide medical support to their child, including with toileting issues
- Prevent children from participating in all aspects of school life

11. The medical conditions policy is regularly reviewed evaluated and updated.

This school's medical condition policy is reviewed, evaluated and updated in line with the school's policy review timeline – every three years, or earlier if necessary. The Headteachers will be responsible for policy implementation and for ensuring that sufficient staff are suitably trained. The views of pupils with various medical conditions may be sought and considered central to the evaluation process.

Template A: individual healthcare plan

GDPR Article 9 2a states ‘the data subject has given explicit consent to the processing of those personal data for one or more specified purposes’. These include:

- Storing pupil medical condition on SIMS.
- Children with notable medical conditions are identified via school registers to all school staff; in-school parental helpers; in-school visitors.
- The name, image and medical condition of children is displayed in the staff room to aid identification.
- Individual Health Plans (stored in HT office in folder and on staff server) inform staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help. A print of these plans will accompany staff on residential or out of hours school trips.
- GDPR Article 9 2c permits pupil’s Individual Health Care Plans to be processed by emergency health care professionals in an emergency – and can accompany a child to hospital. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. This school will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the schools senior management and/or the schools critical incidents team.
- The names of children with notable medical conditions may be shared with parental helpers on trips; however the details of their condition will be known only to school staff (in whose group they will be placed)
- A list of children with asthma and anaphylaxis will be kept in the office alongside permissions to administer the school inhaler / epipen if required.

I give consent for my child’s data to be processed as described above:

Signed	
Name	
Date	

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 <i>(as described on the container)</i>	
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 receive a copy, daily, or the administration record and consent to the school keeping a paper copy of this record for 12 months.

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	
Dose and frequency of medicine	
Name and strength of medicine	
Expiry date	

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			

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: 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 E: 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 F: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

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

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 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

Dear Parent / Carer,

Our records show that your child is asthmatic and currently brings an inhaler to school.

Governmental guidance has recently changed, giving the school authorisation to own a spare inhaler, which could be used by a child if they needed it and we cannot find their own medication.

To give us permission to administer this and to add your child's name to the list of children to whom we can administer (if required) please sign and return the slip below. Please do continue, however, to ensure that your child's inhaler is in school and in-date – as this provides security and ease of access.

Regards,

Mrs Schofield and Mrs Brown
Headteachers

Child's name: _____

Child's class: _____

If your child has an asthma attack, and does not have their own inhaler available, do you give permission for your child to use another inhaler? YES/NO

Signed: _____

Date: _____

Dear Parent / Carer,

Our records show that your child has previously had an anaphylactic reaction and currently brings an epipen to school.

Governmental guidance has recently changed, giving the school authorisation to own a spare epipen, which could be used by a child if they needed it and we cannot find their own medication.

To give us permission to administer this and to add your child's name to the list of children to whom we can administer (if required) please sign and return the slip below. Please do continue, however, to ensure that your child has two epipens in school and in-date – as this provides security and ease of access.

Regards,

Mrs Schofield and Mrs Brown
Headteachers

Child's name: _____

Child's class: _____

If your child has an anaphylactic response, and does not have their own epipen available, do you give permission for your child to use the school epipen?
YES/NO

Signed: _____

Date: _____

Child Protection Statement

At Bassingbourn Community Primary School the welfare of the child is paramount. All children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and sexual identity have the right to protection from abuse. All suspicions and allegations of abuse and poor practice will be taken seriously and responded to swiftly and appropriately. All staff and volunteers in school have a responsibility to report any concerns to one of the designated child protection officers.

Equalities Impact Statement

- | | |
|--|------------|
| 1. Has this policy fully considered the School's Equality objectives and statement? | Yes |
| 2. Are there any impacts of the School's Equality objectives and statement on this policy? | Yes |
| 3. If "Yes", are these clearly described and their impact assessed within the policy document? | Yes |