



Sheerness West Federation

**SUPPORTING PUPILS WITH
MEDICAL CONDITIONS POLICY**

March 2018

Review: March 2019

“Dreams Come True With A Positive View”

Policy Review Process	
Frequency of Review	Annually
Reviewed	March 2018
Reviewed By	FLT
Next Review Date	March 2019

Policy Status	Statutory
----------------------	------------------

Policy Approval			
Policy to be approved by:		Governing Body	
Title	Name	Signed	Dated
Chair of Governing Body	Mr D Goodwin		22/5/18
Executive Head	Mr S Davies		22/5/18
Head of Schools	Miss H Brewer		22/5/18

A hardcopy of this document can be found in the main Reception Office or FLT Office at each school. It is also stored electronically on KLZ Sharepoint and in some cases on the websites. If you require an electronic copy please speak to a member of the Federation Leaders Team.

Contents

POLICY STATUS:.....	4
Definitions of medical conditions.....	5
Arrangements for First Aid Emergencies	5
The Statutory duty of the Governing Body	5
Policy implementation	7
Procedure for pupils with medical conditions.....	8
Individual healthcare plans	9
Roles and responsibilities	10
Staff training and support.....	12
School First Aiders:.....	12
Paediatric First Aiders:.....	12
Named people for administering medicines (appointed persons):	12
Staff with specific training in diabetes management:	13
The child's role in managing their own medical needs.....	14
Managing medicines on school premises and record keeping.....	14
Emergency procedures.....	15
Day trips, residential visits, and sporting activities	15
Other issues for consideration	16
Unacceptable practice	16
Liability and indemnity.....	17
Complaints.....	17
Appendix 1: Supporting Children with Medical Conditions in Early Years Settings – FAQ	18
Appendix 2: Model Process for Developing Individual Healthcare Plans	20
Appendix 3: Individual Healthcare Plan	21
Appendix 4: Staff Training Record	24
Appendix 5: Parent Permission Card	25
Appendix 6: Federation Record of Administered Medicines	26

POLICY STATUS:

This policy is written in line with the requirements of:-

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE December 2015

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

KCC Health care guidance for schools (September 2015):

http://www.kelsi.org.uk/_data/assets/pdf_file/0003/48180/Guidance-for-Schools-Health-Care-Sept-2015.pdf

Supporting Children with Medical Conditions in Early Years Settings
(KCC advice updated 19.10.16 – see appendix 1)

This policy should be read in conjunction with the following school policies:

Health & Safety Policy
SEND Policy
Safeguarding Policy
Complaints Policy

This policy was developed in consultation with parents/carers of pupils with and without medical conditions, school staff and the governing body. It will be reviewed annually.

Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school because they are on a course of short-term prescription medication – see section: **“Managing medicines on school premises and record keeping”**

Long-term or complex potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils' feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs / disability (SEND) and may have an Education, Health and Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy / SEND Information Report and the individual healthcare plan will become part of the EHCP.

Arrangements for First Aid Emergencies

Any pupil (or indeed any employee) can experience a medical emergency without having a pre-existing and assessed medical condition, hence the requirement to have members of staff trained in first aid procedures. Arrangements for providing first aid can be found within the Federation Health & Safety Policy. The UK Government Health & Safety Executive does not specify a ratio of First Aiders to pupils but each school should ensure that there is a sufficient number available to provide adequate coverage for all schools, school visits and other absences.

All accidents are recorded and parents informed using the appropriate forms as detailed in the Health and Safety Policy.

The Statutory duty of the Governing Body

The Governing Body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Governing Body of the Sheerness West Federation fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;

- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure for pupils with medical conditions);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);

“Dreams Come True With A Positive View”

- Considering whether to
 - develop transport healthcare plans in conjunction with the LA for any pupils with life-threatening conditions who use home- to- school transport
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support for pupils with medical conditions or the administration of medication (see section on complaints).

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Governing Body. The Governing Body have conferred the following functions of the implementation of this policy to the staff below, however, the Governing Body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Mr Steve Davies, Executive Headteacher. He will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The Head of Schools' will be responsible for briefing supply teachers, ensuring risk assessments for school visits are completed 2 days in advance and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

Mr Nigel Cates, Assistant Headteacher (Inclusion), will take the lead for reviewing this policy. He will also be responsible, in conjunction with members of the Inclusion Team, parents/carers and Community Nursing Team, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans. These staff – along with members of the administration team who staff the reception desks - will keep the Staffroom Medical Boards and the Class Medical Registers of children updated. They will ensure that staff regularly check medication kept in class medical boxes is up to date and inform parents/carers of any that needs renewing. Administrative staff will ensure that each school database and/ or SEND/AEN register, correctly records medical conditions and medication prescribed.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff, including temporary staff and student teachers, will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure for pupils with medical conditions

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Rose Street School or West Minster School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will be complex, affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that other pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Sheerness West Federation does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary, to ensure that the right support can be put in place. These discussions will be led by Senior Leaders, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers by Inclusion staff, and put in place.

Individual healthcare plans

Individual healthcare plans will help to ensure that the Federation effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Executive Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix 2.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality in line with general data protection regulations. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has Special Educational Needs /Disability (SEND) but does not have an EHC plan, their special needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and where possible, a relevant healthcare professional e.g. GP, Paediatrician, other healthcare professional or school, specialist or children's community nurse, who can best provide advice on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which each Federation school should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

The Federation will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the Federation assesses and manages risks to the child's education, health and social well-being, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Appendix 3 is the Federation template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information:

- 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; etc.

- 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/carer for prescription 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 e.g. risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual 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 the development of their individual healthcare plan

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff within the Sheerness West Federation.

In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams should be able to provide support, and training to staff, 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. Where appropriate, 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, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

“Dreams Come True With A Positive View”

Parents/carers should always 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, e.g. 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 in Kent. 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 well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC will work with us 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 year). See .gov.uk website: [Education for children with health needs who cannot attend school](#)

Providers of health services should co-operate with schools that are supporting children with medical conditions. They 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 have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEND, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with long-term or complex medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff training and support

Staff training around medical conditions and first aid is ongoing and updated regularly. The following staff (as at March 2018) have received first aid or appointed persons training:

School First Aiders:

Rose Street

Chloe Lane
Melisa Mead

West Minster

Kay Armstrong
Jo Belcher
Martin Walker

Paediatric First Aiders:

Rose Street

Louise Pike
Cheryl Hilling
Kerrie Jones
Lucy Cooper
Fran Harrell
Jenny Hammond
Bev Cast
Mary Smith
Charlene Skinner
Stephanie Moorcroft

West Minster

Leigh Barnes
Jo Davey
Helen Knight
Iris Reihl
Lizzie Richards
Alison Edwards
Danielle Cunningham
Viv Standish
Joan Eastoe
Claire Rees
Vicky Ross
Debi Savage
Carly Bleir
Michele Ramsey
Megan Bowes
Jackie Phillips
Katie Spokes

Named people for administrating medicines (appointed persons):

West Minster:

- Iris Riehl
- Michele Ramsey
- Debbie Jamieson.

Rose Street

- Nicky Austin
- Caroline Bean

Staff with specific training in diabetes management:

West Minster:

- Michele Ramsey
- Iris Reihl
- Martin Walker
- PE staff
- Teachers and TAs.

Rose Street:

- Nicky Austin

The template in Appendix 4 will be used to record staff training for administration of medicines and /or medical procedures.

All staff who are required to provide support to pupils for medical conditions will be trained by a healthcare professional qualified to do so. The training need will be identified by the school or healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

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

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

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Executive Headteacher will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

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

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

All medications will be stored securely to ensure that the safeguarding of other children is not compromised, but children will be able to access their medication for self-medication quickly and easily. In exceptional circumstances which must be agreed between home and school children may be allowed to carry their own medicines and relevant devices. Sheerness West Federation does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

Within each Federation School the following procedures are to be followed:

- Prescription medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given medicines without their parents' written consent, at the Federation this is obtained via a permission card (see appendix 5) - except in very exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- We will not administer non-prescription medicines. With prescription medication, parents sign the permission card stating name of medication, dosage and time.
- Where clinically possible, prescription medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Sheerness West Federation will only accept prescribed medicines, that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.
- Short-term prescription medicines, e.g. antibiotics that need to be administered during school time, will be stored safely in the main school offices or in a designated space in the staffroom fridge. Long-term medicines are kept in Classroom cupboards in a labelled Medicines box. Asthma inhalers should be marked with the child's name and be accompanied with an Asthma card. Emergency inhalers are also stored securely. Blood glucose testing meters and adrenaline pens should be always be readily available in the classroom cupboard and not locked away. Children

“Dreams Come True With A Positive View”

should know where their medicines are at all times and be able to access them immediately. They should be supervised by the Class Teacher or TA when taking any medication according to individual care plans.

- During sporting events, the Teacher in-charge is responsible for all medicines that may be required.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required and will oversee and record their usage.
- Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Each Federation school will keep a record of all prescription medicines administered to individual children, stating what, how and how much was administered, when and by whom – see Appendix 6. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency procedures

The Head of School will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

Residential trips will always be accompanied by a member of staff who has been trained in administering medicines. Other off-site activities will be accompanied by a member of staff with

“Dreams Come True With A Positive View”

first aid training. In the case of residential trips and trips requiring, for example, coach or bus transport, the Federation will give individual consideration to parental requests for the administering of non-prescription medicines, such as travel sickness tablets. If requests are agreed, full written permission from parent will be required (as per prescription medicines) and details of dosage recorded. Any non-prescription medicines will be held by staff and carried or stored as appropriate. The taking of such medicines will be supervised by the trained member staff.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

Where a pupil travels to school in taxis provided and paid for by parents, the parent will accept all responsibility to inform the transport provider of any medical conditions.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, 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\carers; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.¹
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively.

¹ This does not mean altering the attendance percentage for a child as they cannot be marked present if they are absent as the register is a legal document. For further information regarding rewards for attendance see the Rewards and Sanctions Policy.

- Require parents\carers, or otherwise make them feel obliged, to attend school to administer prescription medication or provide essential medical support to their child, including with toileting issues, although we may request this should the need arise. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or creating 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

Via KCC.

Complaints

Should parents\carers be unhappy with any aspect of their child's medical care at Rose Street or West Minster School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the Senior Leadership team, who will, where necessary, bring concerns to the attention of the Executive Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Sheerness West Federation Complaints Procedure.

Appendix 1: Supporting Children with Medical Conditions in Early Years Settings – FAQ

What statutory guidance do I need to follow?

Advice from the DfE: The Statutory Framework for the Early Years Foundation Stage (EYFS) sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe and the standards set out within this document should be met before other advice is considered on top of it.

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

Supporting pupils at school with medical conditions (DfE) can be used as an advice document as it provides “best-practice” information and is the most up to date reference point for the issues it covers.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Settings must also ensure that policies and procedures are in line with, and that they take account of, advice from their Local Safeguarding Children Board.

<http://www.kscb.org.uk/>

<http://www.kelsi.org.uk/support-for-children-and-young-people/child-protection-and-safeguarding>

Will supporting children with medical conditions form part of my inspection?

Meeting the needs of children with medical conditions is included in the definition of safeguarding in Inspecting safeguarding in early years, education and skills settings (Ofsted)

<https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015>

Do I need to produce an individual healthcare plan for children with medical conditions in my setting?

Supporting pupils at school with medical conditions (DfE) provides advice on when to draw up an individual healthcare plan. (This is not the same as an Education, Health and Care plan EHC)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

A suggested format for an individual healthcare plan can be found on kelsi

<http://www.kelsi.org.uk/support-for-children-and-young-people/early-years-and-childcare/equality-and-inclusion/including-all-children>

Where can I find information and advice on a range of medical conditions?

Advice from Kent County Council's Education Safeguarding Team is that providers should always seek medical confirmation from health professionals where there are health issues identified by parents. To discuss individual cases, please contact your Area Safeguarding Adviser.

<http://www.kelsi.org.uk/support-for-children-and-young-people/child-protection-and-safeguarding>

The Health Conditions in School Alliance is made up of over 30 organisations, including charities, healthcare professionals and trade unions who work collaboratively to make sure children with health conditions get the care they need in school. They provide links to a range of charities and organisations.

<http://medicalconditionsatschool.org.uk/>

You can also look on individual charity and organisation's websites.

Where can I find guidance on infection control?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf

Do I need to inform my insurers if I need to administer medication or treatment?

Check your policy documentation and if in any doubt contact your insurers for clarification.

Do I need a written policy on giving medication?

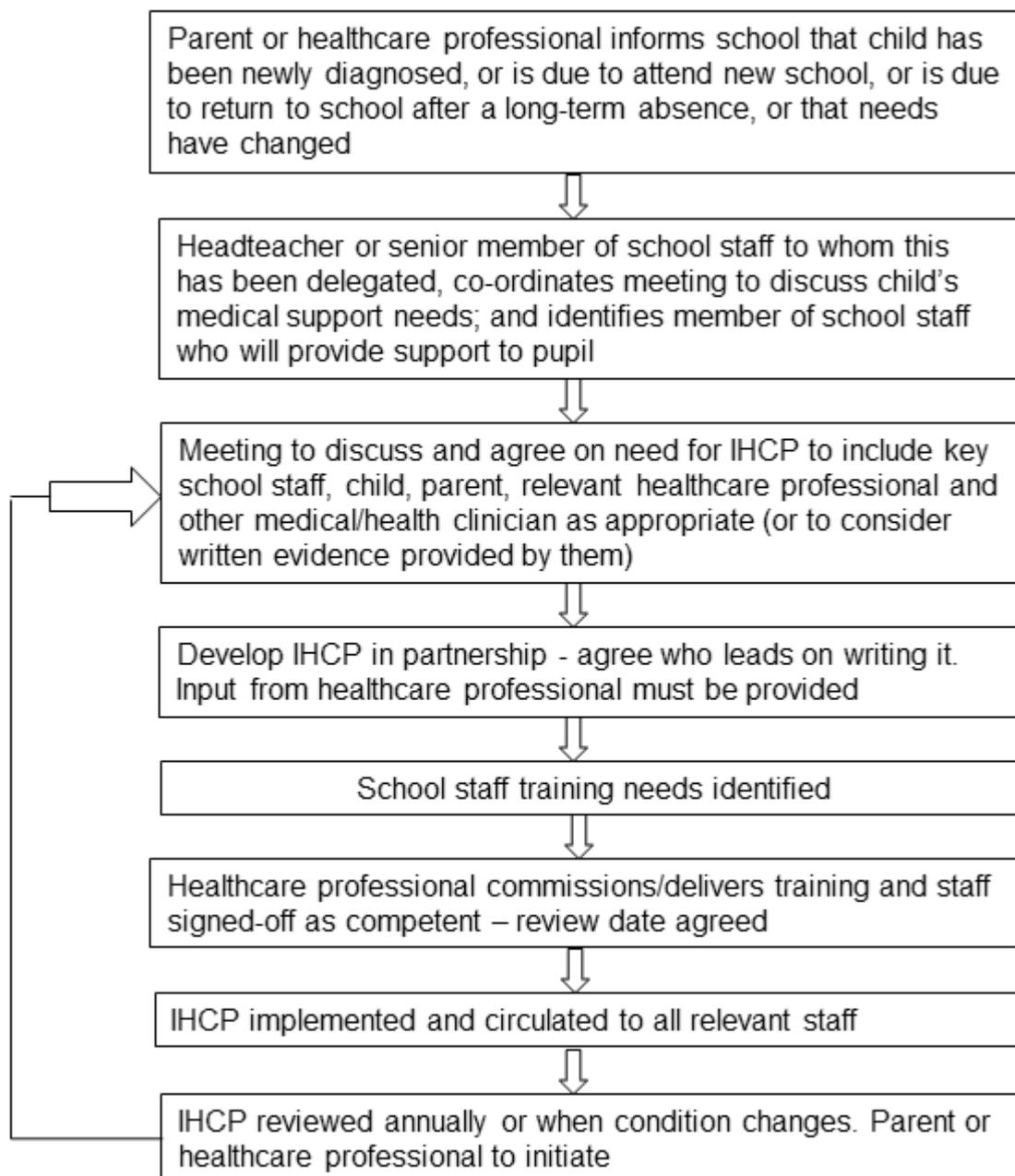
Settings are required to follow the standards set out in the Statutory Framework for the Early Years Foundation Stage (EYFS):

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

More information can be found in the Ofsted factsheet Giving medication to children in registered childcare:

<http://webarchive.nationalarchives.gov.uk/20141124154759/http://www.ofsted.gov.uk/resources/factsheet-childcare-giving-medication-children-registered-childcare>

Appendix 2: Model Process for Developing Individual Healthcare Plans



“Dreams Come True With A Positive View”

Appendix 3: Individual Healthcare Plan

Name of school/setting	WEST MINSTER PRIMARY SCHOOL
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	
Address	
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

School agreement:

SIGNED ON BEHALF OF SCHOOL.....

NAME.....

DESIGNATION.....

DATE.....

THE PARENT/CARER AGREES THAT THE MEDICAL INFORMATION CONTAINED IN THIS PLAN MAY BE SHARED WITH INDIVIDUALS INVOLVED WITH THEIR CHILD'S CARE AND EDUCATION (THIS INCLUDES EMERGENCY SERVICES). THE PARENT/CARER IS AWARE THAT THEY MUST NOTIFY THE SCHOOL OF ANY CHANGES IN WRITING.

SIGNED BY PARENT/CARER.....

NAME.....

DATE.....

This Healthcare plan was completed by on with

SIGNED BY GP/MEDICAL PROFESSIONAL.....

DATE.....

Appendix 4: Staff Training Record

Administration of medicines and/or medical procedures if necessary for particular medical conditions.

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 _____

Appendix 5: Parent Permission Card

<div style="border: 1px solid black; height: 80px; margin-bottom: 10px; padding: 5px;">Possible side effects or problems.</div> <div style="border: 1px solid black; height: 80px; margin-bottom: 10px; padding: 5px;">What would you like the school to do in the event of a problem occurring.</div> <div style="border: 1px solid black; height: 120px; padding: 5px;">Any other relevant information.</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; color: red; font-weight: bold;">SCHOOL MEDICATION CARD</th> </tr> <tr> <td colspan="2">Child's Name:</td> </tr> <tr> <td colspan="2">Class:</td> </tr> <tr> <td colspan="2">Time of medication:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> <tr> <td>Home:</td> <td></td> </tr> <tr> <td>Work:</td> <td></td> </tr> <tr> <td>Mobile:</td> <td></td> </tr> <tr> <td>Doctor Name:</td> <td></td> </tr> <tr> <td>Telephone:</td> <td></td> </tr> <tr> <td>Hospital/Clinic Name:</td> <td></td> </tr> <tr> <td>Department:</td> <td></td> </tr> <tr> <td>Telephone:</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; color: red; font-weight: bold;">Please remember it is your responsibility to notify the school if treatment or dosage is changed.</td> </tr> </table>	SCHOOL MEDICATION CARD		Child's Name:		Class:		Time of medication:		Address:		Home:		Work:		Mobile:		Doctor Name:		Telephone:		Hospital/Clinic Name:		Department:		Telephone:		Please remember it is your responsibility to notify the school if treatment or dosage is changed.	
SCHOOL MEDICATION CARD																													
Child's Name:																													
Class:																													
Time of medication:																													
Address:																													
Home:																													
Work:																													
Mobile:																													
Doctor Name:																													
Telephone:																													
Hospital/Clinic Name:																													
Department:																													
Telephone:																													
Please remember it is your responsibility to notify the school if treatment or dosage is changed.																													

TREATMENT TO BE TAKEN DURING SCHOOL TIME				
If treatment is short term only give start and finish dates.			Start:	Finish:
Date	Name and how taken	Dose and when taken	Parent signature	Staff signature

