

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

- a) This policy applies to all Trusts managed by Wootton Academy Trust (WAT)
- b) This policy was adopted by WAT in July **2017**
- c) This policy was reviewed in June 2019 and approved by the MAT Board on September 18 2019
- d) The next review is June 2021

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1. Definitions of Medical Conditions

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

- Short-term: affecting their participation at the academy because they are on a course of medication.
- Long-term: 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/carers feel confident that WAT academies will provide effective support for their child's medical condition and that pupil's feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing boards must comply with their duties under the Equality Act 2010.

Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the Trust's SEN policy and the individual healthcare plan will become part of the EHCP.

The aim of the Policy is to enable regular attendance at WAT academies and to ensure that children feel safe and have their needs met.

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2. The Statutory Duty of the Proprietor

The proprietor remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at WAT academies with medical conditions.

The proprietor of WAT will 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, as closely as possible, the same opportunities at the academy as any other child;
- Taking into account that many medical conditions that require support at the academy 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 academy life;
- Ensuring that the arrangements give parents/carers and pupils confidence in the academy'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 the academy because reasonable adjustments 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 or education 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 academy staff (this policy);
- Ensuring that the policy includes details on how the policy 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 academy is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications are received that a pupil has a medical condition);

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- Ensuring that the policy covers the role of individual healthcare plans and states who is responsible for the development in supporting pupils at the academy with medical conditions (see section below on individual healthcare plans);
- Ensuring that the WAT policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at the academy 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 academy 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 emergency situations (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 academy trips, visits and in sporting activities and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- 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 of pupils with medical conditions (see section on complaints).

3. Policy Implementation

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

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The overall responsibility for the implementation of this policy is given to each WAT Academy Principal. Each WAT Academy Principal 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.

Wootton Academy Trust's DSL, Katy Enser, DSL at and SENDCo, Jess Holmes, will be responsible in conjunction with parents/carers, for co-ordinating the drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All WAT employees are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy.

All new WAT employees will be inducted into the arrangements and guidelines in this policy upon taking up their post.

4. Procedure to be Followed When Notification is Received that a Pupil has a Medical Condition

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 a pupils' needs change. For children being admitted to a WAT academy 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 a WAT academy 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 a WAT academy will 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 academy life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in our academies, 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.

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We will ensure that employees are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively promote pupils with medical conditions to participate on academy trips, visits and sporting activities and not prevent them in doing so. We will make arrangements for the inclusion of such pupils in such activities where it is safe and practical to do so and after taking advice from the appropriate health professional.

WAT academies do 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 this 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 a member of the Senior Leadership Team. Following these discussions, an individual healthcare plan [IHP] will be written together with the parent/carers and put in place. This will be led by the academy DSL and SENDCo.

5. Individual Healthcare Plans [IHP]

IHPs will help to ensure that WAT academies effectively support students 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 academy, healthcare professional and parent/carer should agree, based on evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached the DSL and SENDCo are best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided at Appendix A.

IHPs will be easily accessible to all who need to refer to them via SIMS, while preserving confidentiality. 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 SEN but does not have a statement or EHC plan, their special educational needs, if relevant to their medical needs, will be mentioned in their IHP. **An IHP will be noted on any Pupil Profile Sheet a child has.**

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IHPs (and their review) should be drawn up in partnership between the school, parents/carers and the School Nursing Service if appropriate, who are often best placed to advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The WAT Estates Manager may be involved when identifying and reducing risks caused by the physical environment. The aim should be to capture the steps which WAT academies 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 individual WAT academy where the child is on roll.

WAT academies will ensure that IHPs 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 WAT academies assess and manage risks to the child's education, health and social wellbeing and minimises disruption. Where a child is returning to the academy following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.

Template A provides a basic template for the individual healthcare plan. This format may be varied to suit the specific needs of each student however they should follow the template as much as possible. This should be uploaded on SIMS. Following this template is also a Trust Care Plan that **summarises key points for ALL staff** and this should be used when urgency is important (for example placed in the box with a child's insulin) and uploaded as soon as possible onto SIMS, attached to the child's area.

Template H provides a standardised Care Plan for those children who have severe allergies and hold an Adrenaline pen in the academy. WAT academies ask all parents/carers and staff to refrain from bringing any nuts or nut products into their academies, due to some children with severe allergies.

For those children who suffer with asthma, a flowchart explaining how to deal with an asthma attack can be found in **Appendix J**.

Appendix K summarises information to support the care of a child with diabetes.

6. Roles and Responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at WAT academies. In addition, WAT academies can refer to the School Nursing Team for support with drawing up IHPs, provide or commission specialist medical training, liaison with lead clinicians and advice/support in relation to pupils with medical conditions.

Other Healthcare Professionals, including **GPs and Paediatricians** should notify the School Nursing Team when a child has been identified as having a medical condition that will require support at the academy. Specialist local health teams may be able to provide support and training to staff for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions, as appropriate for their age, about their medical support needs and contribute as much as possible to the development of and comply with, their IHP. 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.

Parents/Carers should provide the academy with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the academy that their child has a medical condition. Parents/carers 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 that are in date, necessary equipment and ensure they or another nominated adult are contactable at all times.

Providers of Health Services should co-operate with academies that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to WAT academies and their staff to support children with medical conditions at an academy.

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. 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.

7. Staff Training and Support

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

Template F will be used to record staff training for administration of medicines and/or medical procedures.

Training should be sufficient to ensure that staff are: competent and have confidence in their ability to support pupils with medical conditions; and are able 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. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole CPD awareness training so that they are aware of the WATs policy for supporting students with medical conditions and their role in implementing the policy. KEN/KE/JHO will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

All staff will be provided with information about all children with medical conditions. This document is also saved in the 'Staff – key information' folder in the shared drive. All staff are required to read this document and be aware of the children referred to. Teachers are advised to keep a copy in their Teacher File.

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

8. 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 IHP. Wherever possible children will be expected to carry their own medicines/relevant devices or be able to access their medication for self-medication quickly and easily; **these will be stored in Attendance at WUS, except for insulin which is kept in the fridge in Student Centre South. At KC all medication is kept in the Admin Office (1N05).** WAT academies do 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 uses a mobile phone to routinely monitor their health, then they will be provided with a pass and this information will be shared with staff. This supersedes any rule regarding mobile phone use in an academy.

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 IHP. Parents/carers will be informed so that alternative options can be considered.

9. Managing Medicines on School Premises and Record Keeping

At WAT academies the following procedures are to be followed:

- Medicines should only be administered at the academy when it would be detrimental to a child's health or their attendance at the academy not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents written consent (see template C);
- **With parental written consent**, we will administer non-prescription medicines except those containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. A record will be kept and parents should be informed (Template D);
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside academy hours (i.e. 3 times per day).
- WAT academies will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage

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and storage. The exception to this is insulin which must be in-date, but will generally be available to academies inside an insulin pen or a pump, rather than its original container;

- The storage of all medicines should be in a designated locked, cool, dry cupboard. Medicines which need to be stored at lower temperatures must be kept in a locked fridge.
- The exceptions are insulin and adrenalin/epipens. These **should not be locked away**. Any child with diabetes will store their spare insulin and food stored in a closed sealed, **clearly labelled container** in an unlocked fridge in **Student Centre South at WUS and the Admin Office (1N05) at KC**. The named box will **contain the child's Care Plan**.
- **Epi pens are stored in Attendance at WUS and Admin Office (1N05) at KC**
- The keys to the medicine cupboard are held by named staff who are authorised to administer medication, (staff administering medication must have attended a training session re administration of medication).
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline are routinely carried by the individual child. Another of these is kept in the **Attendance at WUS and Admin Office (1N05) at KC**. Asthma inhalers should be marked with the child's name;
- During academy trips the first aid trained member of staff will carry the First Aid bag and the children's medication/devices. They should also carry all applicable Care Plans;
- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a student 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. WAT academies will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom (see templates C and D). Any side effects of the medication to be administered at the academy 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;

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- Medicines that are prescribed to a child must not be used by another child, even if they are taking the same medication. The medication is the property of the person whose name appears on the dispensing label, and should be returned to the parent for disposal when no longer required;
- Medicines must be kept in their original container in which they were dispensed with the pharmacy label and information specific to that student; they must not be moved from one container to another, even if they are nearly empty. It would be considered to be secondary dispensing, which is illegal under the Medicines Act;
- For the medicines held by WAT academies, it is good practice to maintain stock rotation to ensure that older stock is used first; Records of new stock need to be kept. The following information is required:
 - Date Received
 - Name strength and dosage of all medicines
 - Quantity received
 - Signature of staff that receives the medicine
- When administering medication, the following procedure should be followed:
 - Check whether the pupil is allergic to anything
 - Check if pupil has taken any medication recently, and if so what
 - Check if the pupil has taken the medication before and if there were any problems
 - The medicine profile sheet must be checked for possible side effects and contra indications
 - Check the expiry date on the container
 - The pupil should take the medication under the supervision of the person issuing it
 - Record the details of this on the medication form (Template C and D) and written note to be sent home informing parents;
- Make a clear, accurate and immediate record of all medicines administered or refused, recording dates and times of all medication given. All documentation must be in black ink, signed and dated by the person administering the medication.
- All medications held in the cupboard must be recorded in the medicine book/sheet and a running balance maintained. (Template D)
- Any prescription medicine given must be recorded on Template C, and parents/carers informed by note.

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- All approved over the counter medicines administered must be recorded on medicine sheet. (Template D)
- A record of sample signatures and initials for each member of staff who administer medications is kept in the medical folder.

10. Emergency Procedures

Each WAT Academy Principal will ensure that arrangements are in place for dealing with emergencies for all academy activities wherever they take place, including academy trips within and outside the UK, as part of the general risk management process.

Where a child has an IHP, this should clearly define what constitutes an emergency and explain what to do. This should include: ensuring that all relevant staff are aware of emergency symptoms and procedures; and that other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

At WAT academies a **"blue star system"** is used in an emergency. Each classroom and area of the school has a blue star. If an emergency happens in any area of the school, anyone (child or adult) can take the blue star to another member of staff which informs them that help is needed **immediately**. Each star has the name of where it came from on it.

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

11. 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.

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 academy trips.

Other Issues for Consideration

Where a pupil uses home-to-school transport arranged by the Local Authority or transport between WAT academies [e.g. shuttle bus] and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the transport provider.

12. Unacceptable Practice

Although staff at WAT academies 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 academy activities, including lunch, unless this is specified in their IHPs;
- If the child becomes ill, send them to the academy office unaccompanied;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;

13. Liability and Indemnity

WAT academies are fully covered with liability and indemnity insurance through RPA Insurance.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at a WAT academy, they must discuss their concerns with the academy. This will be with the child's subject teacher/form tutor 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 Leadership Team, who will, if necessary, bring concerns to the attention of the School/College Head. In the unlikely event of this not resolving the issue, the parent\carer can make a formal complaint using the WAT Complaints Procedure.

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14. 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, Department for Education (DfE) December 2014
- 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
- Asthma.org.uk
- Anaphylaxis campaign
- Diabetes.org.uk

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

- SEND Policy
- Child Protection and Safeguarding Policy
- Whistleblowing Policy
- Complaints Procedure
- First Aid Guidance

This policy was developed with support from the Proprietor and senior staff and will be reviewed annually.

APPENDIX A Model for developing Individual Healthcare Plans

On transition into the academy all students must be asked if they have a medical condition.

If YES:

Speak with parent/carer to follow the next steps:

What are the details of the condition(s) and how is it managed?

Is an Individual Healthcare Plan needed? If yes arrange a meeting with appropriate people in attendance to draw up the IHP. Use Template A to collect all information. Where necessary for urgent response, devise a Care Plan as a summary to also upload on SIMS for all staff.

Does the condition require medication? Complete Template B Parental Agreement.

Ensure the child is included in the 'medical conditions' document stored on the shared drive in the Staff-key information folder

Agree a review date. For students new to the academy this should be within the first month. Thereafter reviews should be at least annually, but often termly. There should always be a review following changes to a child's condition. There should always be a review following a long absence from school or unplanned hospital stay or period of tuition via medical needs.

Other times when an IHP should be reviewed.

- At the start of a new school year (this may be by telephone)
- Prior to a school trip (this may be by telephone)
- Prior to a residential school trip
- Prior to mock exams or GCSE/A level exams

Template A: individual healthcare plan

Name of WAT academy

Child's name

Tutor Group

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

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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 academy 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

Now complete the teacher view Care Plan:

Template B: parental agreement for setting to administer medicine

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

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

Staff signature _____

Signature of parent _____

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

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

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

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Template D: record of medicine administered to all children

Name of academy

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[illegible]

Template E: staff training record – administration of medicines

Name of academy	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Template F: contacting emergency services

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

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

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

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer

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 WAT policy for supporting pupils at school with medical conditions for your information.

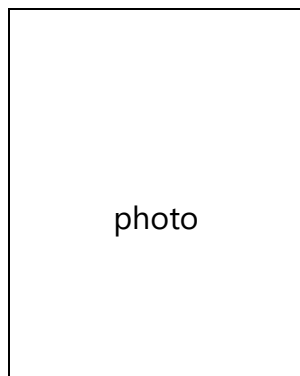
A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the academy, parents, pupils, and the relevant healthcare professional who 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 academy 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

Template H: Standardised Care Plan for Anaphylaxis.



photo

CHILD'S NAME

DATE OF BIRTH

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

..... has had an allergic reaction to

A severe allergic reaction can cause swelling of the mouth, tongue and throat leading to difficulty breathing and collapse (known as anaphylactic shock).

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS. CHILD'S NAME DATE OF BIRTH PHOTO EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION ASSESS THE SITUATION

Send someone to get the emergency kit which is kept in:

.....

Lie the child down and remove their trousers if they are made of thick material.



Take Epipen – remove grey cap.



Restrain child's leg firmly.

Jab EpiPen firmly into outer aspect of mid-thigh MAKE SURE A CLICK IS HEARD.

Hold EpiPen in place for 10 seconds (make a note of the time).



If no response and second Epi pen available repeat 5 – 10 minutes later.

Remain with child until ambulance arrives – do not let child sit up.

NB Give used EpiPen to ambulance staff – do not touch the needle.

If you do prick yourself, wash the wound under running water and contact your GP.

Date:

Review Date:

Anaphylaxis - What to do in an Emergency

If someone is having a severe allergic reaction, it is vital that they receive an adrenaline injection. If they have their own adrenaline, this must be given as soon as a severe reaction is suspected to be occurring and an ambulance must be called immediately. If the patient is alone or is unable to self-administer, the adrenaline should be administered first then an ambulance should be called immediately after.

Practical points:

- Try to ensure that a person suffering an allergic reaction remains as still as possible
- Preferably they should be lying down and if they are feeling weak, dizzy or appear pale and sweating their legs should be raised
- When dialling 999, say that the person is suffering from anaphylaxis (anna-fill-axis)
- Give clear and precise directions to the emergency operator, including the postcode of your location
- If adrenaline has been given, make a note of the time this was administered. A second dose can be given after five minutes if there has been no improvement
- If the person's condition deteriorates after making the initial 999 call, a second call to the emergency services should be made to ensure an ambulance has been dispatched
- Send someone outside to direct the ambulance crew when they arrive
- Try to ascertain what food or substance may have caused the reaction and ensure the ambulance crew knows this.