



# Champion EDUCATION TRUST

## SUPPORTING STUDENTS WITH MEDICAL CONDITIONS

DOCUMENT CONTROL		
Approved for operation within	Lotus School	
Version number	1.1	
Date originally approved	30 <sup>th</sup> April 2020	
Approved by	Board of Trustees	
Date of this review	November 2022	
Review period	2 years	
Policy status	Statutory	
Location published	Website	
Owner	M Kelsall	
DOCUMENT HISTORY		
Version	Date	Revision notes
1	January 2020	-
1.1	November 2022	Owner and any contact details updated

A family of Schools

# SUPPORTING STUDENTS WITH MEDICAL CONDITIONS

## SCHOOL RESPONSIBILITIES

**Policy Development, Implementation and Review:** School Governing Body/HT

**Individual Health Care Plans:** School SENDCO/School Nurse

**Training and Information:** School SENDCO/CPD Co-ordinator

**Supply Teachers Briefing:** School SENDCO

**Risk Assessments:** RA Co-ordinator/SENDCO

(Outside of school visits, activities, holidays, outside of normal timetable)

**Staff Cover Arrangements:** School Cover Supervisor

**Administration of Medication:** Please see attached School/Staff Disclaimer (appendix 5 a/b)

## STAFF AUTHORISED BY HT TO ADMINISTER MEDICATION

David Woodhouse - Operations Manager

Karen Marlow – EHCP Coordinator

Kate Atherton - Receptionist

## INTRODUCTION

We endeavour to provide every student with a caring, safe and inclusive learning environment in which children with medical conditions are welcomed and supported.

Section 100 of the Children and Families Act 2014 places a duty on our governing body to make arrangements for supporting students with medical conditions at school. To meet this duty, this policy has been drawn up with regard to the statutory and non-statutory guidance 'Supporting pupils at school with medical conditions' issued by the Department for Education and which came into force on 1 September 2014.

The aim of this policy is to ensure that students with medical conditions will be properly supported so that they **can have full access to education**, including school trips and physical education.

This policy should be read in conjunction with:

- Safeguarding Policy
- Admissions Policy

The school also recognises that duties within the Equality Act (2010) relate to children with disability or medical conditions.

## ROLES AND RESPONSIBILITIES

Our school will work in partnership with all relevant parties including parents/carers, students, the governing body, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure this policy is implemented and maintained successfully.

Each member of the school and associated healthcare should know their roles and responsibilities in implementing this policy effectively to support students with medical conditions.

### Governing Body

The governing body must ensure that arrangements are in place which:

- Allow students with medical conditions to access and enjoy the same opportunities at school as any other child
- Focus on the needs of the individual child and how their medical condition impacts on their school life
- Ensure Individual Healthcare Plans (IHPs) meet individual student needs
- Produce a school policy with regard to statutory guidance and non-statutory guidance based on best practice and review the policy regularly
- Makes this policy easily accessible to parents, staff and other stakeholders
- Ensure staff who provide support to students with medical conditions are aware of and able to access information and training and are competent
- Ensure there are sufficient staff to provide support
- Recognises that should anything go wrong arising from administration of medicines, it would be the employer who would be vicariously liable for any claim. (Please see 'School declaration for administration of medicines'. Appendix 5a)
- Ensure that school insurance covers all the medical issues arising from any student currently on roll

### Headteacher

The Headteacher will:

- Ensure that the school policy is developed and effectively implemented
- Promote the policy so that all staff and partners are aware of the policy and understand their role in its implementation
- Ensure that all staff who need to know are aware of and can access information and guidance about individual student medical conditions
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver all IHPs currently in the school, including emergency situations
- Monitoring the provision of IHPs for those children with medical conditions and undertaking IHP reviews

- Accept responsibility in principle for members of staff giving and supervising students taking prescribed and unprescribed medication during the school day
- Ensure school staff are appropriately insured and are aware that they are insured to support students in this way
- Make contact with the school nurse and the school nursing service
- Authorise staff to administer medication

## School Nurse

Every school has access to school nursing services. They are responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school, where possible before the child starts at the school
- Providing advice and liaison to support school staff on implementing a student's IHP, for example advising or even training to staff (however they would not usually have an extensive role in ensuring that the school is taking the appropriate steps to support a child with medical needs)
- Liaising with lead clinicians locally on appropriate support for a child and associated staff training needs

## Other Healthcare Professionals

These include GPs, paediatricians, specialist local health teams.

- GPs / paediatricians should notify the school nurse and work jointly when a child has having a medical condition that will require support in school
- GPs / paediatricians should prescribe medication administration times outside of school hours where possible (except in special circumstances where it is more effective to administer medication in school, e.g. for some students diagnosed with ADHD)
- Specialist local health teams provide specialist support for children with particular conditions, e.g. asthma, diabetes, epilepsy
- All healthcare professionals should provide advice on developing IHPs and identify and agree with the school on the type and level of training required to implement the plan

## Parents and Carers

Parents and carers have the prime responsibility for their child's health and are key partners with the school.

Parents/carers should:

- Provide the school (via SENDCO) with sufficient, up-to-date information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need
- Be fully engaged with the development and review of their child's IHP, including drafting the plan
- Carry out any action they have agreed to as part of the implementation of the plan, including:
  - Providing medicines for the school to use which are
    - In-date
    - Labelled with the student's name
    - In the original packaging or container dispensed by the chemist (whether prescribed or over the counter) so that the school can identify the medicine – school will not accept small amounts of 'top-ups' which are not in the original box
    - The exception to this is insulin which must still be in date but will be inside an insulin pen or pump.
    - Showing the instructions for administration, dosage and storage
  - Providing any supporting equipment
  - Ensuring that they or a nominated adult are contactable at all times
- Give written permission for staff to administer medication by completing and returning the form 'Request for School to Administer Medication' (see Appendix 1)
- Notify the school immediately if there is a change in the medication or medical needs of their child, and complete another 'Request' form

## Students

Students 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 their IHP
- Comply with the steps in their IHP
- Tell their parents/carers, teachers or nearest staff member when they are not feeling well
- Self-manage their medication where appropriate in a way agreed and monitored by the school
- Know how to gain access to their medication in an emergency

All students should:

- Treat other students with and without a medical condition equally
- Treat all medication with respect
- Let a member of staff know if another student is feeling unwell

## SENDSCO

The SENDSCO should:

- Ensure all children with medical needs have an IHP where appropriate, that is kept up-to-date and reviewed at least annually
- Share IHPs with all staff and partners who need to know about it

## Schoolstaff

Any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although administering medicines is not part of a teacher's professional duties and they cannot be required to do so. School staff should:

- Understand the medical conditions of students within the school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn, and take into account the additional needs of students with medical conditions they teach
- Receive sufficient training to achieve the necessary level of competency to support children with medical conditions
- Understand their duty of care to children and know what to do and respond accordingly when they become aware that a student with a medical condition needs help
- Provide risk assessments for school visits, school journeys and other activities outside of the normal timetable

## STUDENTS WITH LONG TERM OR COMPLEX MEDICAL NEEDS

### Special Arrangements

Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will need to be made.

In some cases, this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and/or the provision of specialist aids will need to be considered.

For those children who attend hospital appointments on a regular basis, special arrangements may also need to be considered.

### Individual Healthcare Plans

A written, individual healthcare plan (IHP) will be developed for children with medical conditions, to clarify for staff, parents and the child the support that will be provided.

Examples of complex health needs which may generate an IHP are:

- Diabetes
- Anaphylaxis
- Asthma
- Epilepsy
- Gastrostomy feeds

The IHP for each child should:

- Give correct factual information
- Give sufficient details so that staff know exactly how to deal with the child's needs on a day-to-day basis and in the event of a crisis or emergency
- Give information that enables staff to correctly interpret changes within the child's condition, so that appropriate action can be taken
- Be accessible to all staff involved
- Be taken on any trips or outings the child might attend

The IHP should include:

- **Child's identification details**
  - Photograph
  - Name
  - Date of birth
  - Address
  - School setting (class, year, progress group, etc)
- **Child's medical details**
  - Medical condition
  - Any triggers
  - Signs and symptoms
- **Child's resulting medical support**
  - Medication (dose, side-effects and storage) and other treatments
  - Medication times
  - Equipment and accommodation
  - Testing
  - Access to food and drink where it is used to manage their condition,
  - Dietary requirements and
  - Environmental issues e.g. crowded corridors, travel time between lessons
- **What to do in emergencies**
- Arrangements for **self-management** where the school considers it safe and appropriate
- Specific support for the child's **educational, social and emotional needs** for example:
  - Impact of the condition on attendance and how absences will be managed
  - Requirements for extra time to complete exams
  - Use of rest periods in exams
  - Impact of the condition on learning and any additional support in catching up with lessons
  - Counselling sessions
- **Contact details** of
  - Parents/carers
  - Alternative contacts, nominated by parents/carers
  - Relevant health professionals
- Which **staff** will provide the support, their **training** requirements and **expectations** of their role
- Separate arrangements or procedures required for **school trips** or other school activities outside of the normal school timetable that will **ensure students can participate**
- **Review and update** requirements

Those who may need to contribute to a Healthcare Plan include:

- The school health service, the child's GP or other health care professionals (depending on the level of support the child needs)
- The Headteacher and SENDCO
- The parents/carers and the child where appropriate
- The class teacher, care assistant or teaching assistant
- Support staff who are trained to administer medicines or trained in emergency procedures

The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place at the annual statement review; however, some plans will need to be reviewed more frequently.

Each child's needs will be judged individually, as children vary in their ability to cope with poor health or a particular medical condition. We understand that all children with the same medical condition will not have the same needs.

## Communicating Needs

Copies of IHPs and full medical records are stored in each child's file in the locked cabinet in the medical room, in the Pastoral Managers' offices and the Main Office. Condensed IHPs for each child with medical conditions are:

- Stored on the shared drive under **Healthcare Plans** where they are clearly accessible to all staff involved in caring for the child
- Laminated and kept in the SENDCO office and main office so that at least one set of IHPs will be taken outside to the assembly points if the school building has to be evacuated

## STAFF TRAINING

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school and when medical needs change.

Arrangements are made with appropriate agencies e.g. School Nurse to update staff training on a regular basis. All teaching and support staff attend Epi-pen, Epilepsy and Asthma training annually. A list of first aiders and is displayed around the school.

A record of those attending training will be taken by the school and signed by the school nurse or training provider.

## LINKS TO ACHIEVEMENT AND SOCIAL AND EMOTIONAL WELLBEING

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be anxious or depressed. Long-term absences due to health problems will affect attainment and progress. They can also impact on the child's ability to sustain friendships and emotional health.

The school will work closely with the child and parent/carers to minimise the impact of their medical needs. Following a period of absence, the school will develop an individual programme to support transition, working with outside partners as appropriate.

## EXTRA-CURRICULAR ACTIVITIES, INCLUDING VISITS & RESIDENTIAL TRIPS

Every effort is made to encourage children with medical needs to participate in safely managed visits or trips. Consideration is always given to the adjustments which need to be made to enable children with medical needs to participate fully and safely on visits. Healthcare plans indicate how a child's medical condition will impact on their participation, but there is flexibility for all students to participate according to their own abilities and with reasonable adjustments (unless evidence from a clinician states that this is not possible).

Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of Individual Healthcare Plans should be taken on visits in the event of the information being needed in an emergency. Arrangements for taking any necessary medicines will need to be made and, if necessary, an additional member of the support staff, a parent or another volunteer might be needed to accompany a particular child.

Parents of all students participating on visits or residential trips will need to complete the school consent form giving details of all medical/dietary needs. Parents of children with medical conditions will need to leave a bag at the school office labelled with the student's name and containing sufficient medication for the duration of the trip, along with instructions regarding dose, timings and storage. As with all medications administered by school staff, the medication must be in the packaging or container dispensed by the chemist. The packaging or container must clearly display the student's name.

**If there is any concern about whether the school is able to provide for a child's safety or the safety of other children on a visit or trip, then parents/carers will be consulted and medical advice sought from the school health service or the child's GP.**

## SPORTING ACTIVITIES

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.

- Any restrictions on a child's ability to participate in PE will be recorded in their Individual Healthcare Plan. This will include a reference to any issues of privacy and dignity for children with particular needs.
- Laminated copies of IHPs are available in the PE office.
- Some children may need to take **precautionary measures before or during exercise** and may also need to be allowed **immediate access** to their medicines such as asthma inhalers.
- Emergency / spare blue inhalers with spacers are available in the Main Office, along with a list of students who can use them.

## MANAGING AND ADMINISTERING MEDICATION

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

### Written consent and medication details

- No child under 16 will be given prescription or non-prescription medicines without their **parents' or carers' written consent**
- The only exception to the last point are circumstances where the medicine has been **prescribed to the child by a clinician without the knowledge of the parent/carers**. In such a case, the SENDCO will liaise with the Safeguarding Team and we will make every effort to encourage the child or young person to involve their parents/carers while respecting their **right to confidentiality**
- Parents/carers are asked if their child has any medical conditions/allergies on enrolment
- Parents should inform the school of the medical need and complete a 'Request for School to Administer Medications' form (see appendix) about the medicines that their child needs to take and provide details of any further support required
- Prescribed **and non-prescribed** medication will only be accepted if they are:
  - In-date
  - Labelled with the student's name
  - In the original packaging or container dispensed by the chemist (whether prescribed or non-prescribed) so that the school can identify the medicine – school will not accept small amounts of 'top-ups' which are not in the original box (The exception to this is insulin which must still be in date but will be available to us inside an insulin pen or pump)
  - Showing the instructions for administration, dosage and storage



- Administering staff should make sure that the information provided by the parents/carers is the same as that provided by the prescriber
- Medical request forms need to be completed at the beginning of each academic year and again when any changes are made to medication during the year
- School staff will not administer 'over-the-counter' drugs such as paracetamol without written consent on a completed 'Request' form as for prescribed medication (This change to the policy is required because GPs will no longer prescribe 'over-the-counter' medication)
- **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor**
- Where and when possible, the administration of medication will be **witnessed by a second adult**
- Staff must not give prescription medicines or undertake healthcare procedures without **appropriate training and authorisation**
- **If staff are in doubt about any procedure, they should not administer the medicines but check with the parents or a health professional before taking further action**

## RECORDKEEPING

Full records must be maintained of all medications brought into school. A clear record and audit trail is essential particularly if a drug administration question arises. Records offer protection to staff and students and provide evidence that agreed procedures have been followed.

- **Staff should complete and sign a record each time they give medicine to a child** (see Appendix 5 'Record of Medicine Supplied and Administered to an Individual Student')
- The school maintains a separate register for each student's medication to ensure record accuracy and confidentiality
- Records are kept in the individual student folders in the filing cabinet in the medical room.
- Each individual record should show:
  - Child's name and date of birth
  - Progress group
  - Date medication brought into school
  - Name of person who brought the medication to school
  - Amount of medication supplied
  - Dose
  - Expiry date
  - Dosage regime
  - If all the medication has been used, or where more than enough supplied, returned home for disposal
- Each individual record requires the following information to be completed after the medicine has been administered:
  - Date
  - Time
  - Medication
  - Dose amount administered and amount left
  - Time given
  - Signature of staff
  - Comments / adverse reaction (if necessary)
- The amount of medication supplied, the amount administered and the amount left must tally exactly
- If an **error** is noticed in a medication record the error should be identified with an asterisk and then either on the next line or at the bottom of the page write 'ERROR – SHOULD READ' and then insert the correct entry and sign and date it. Do not:
  - Change in any way what has been written
  - Try to write over the top of the incorrect record
  - Cross out
  - Use Tipp-Ex

## STORAGE OF MEDICATION

- The Headteacher is responsible for making sure that medicines are stored safely in the locked filing cabinet inside the ground floor medical room which is locked and not accessible to children without a supervising authorised member of staff.
- The school will only store medicines that have been supplied by parent/carers with written consent for the administration of the medicine by the school.
- The only exceptions to these two points are:
  - The storage of additional **inhalers** and **Epi-pens** for the use of students **for whom the school has written consent from parents/carers to administer**
  - Additional inhalers and Epi-pens must be located in easily accessible areas which are not locked so they are readily available for children
    - Additional Epi-pens are stored in the SENDCO office
    - Additional inhalers with spacers are stored in the PE office, SENDCO office, Main office and Science Prep room
    - Additional Epi-pens and inhalers will be taken out to the assembly points with the IHPs if the school building is evacuated
- Medicines are stored strictly in accordance with product instructions and in the original container in which dispensed
- **Staff must never transfer medicines from their original containers**
- Children should know where their own medicines are stored and who holds the key and is able to administer them
- Some medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding non-controlled medicines

## REFUSAL TO TAKE MEDICINE

If a child refuses to take medicine, staff should not force them to do so. Follow the procedure for medicine refusal in the IHP and note this in the records. Parents should be informed of the refusal on the same day.

**If a refusal to take medicines results in an emergency, then the usual emergency procedures outlined in the IHP should be followed.**

## CONTROLLED DRUGS

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate (which is in a class of drugs called central nervous stimulants, sold under various brand names e.g. Ritalin, and administered in school for students with ADHD and narcolepsy).

- It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed
- A child who has been prescribed a controlled drug may legally have it in their possession, but passing it to another child is an offence
- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. The same procedures should be followed for recording the administration of a controlled drug as for prescribed medicines
- Controlled drugs should be stored in a locked container and only staff who administer the medicines should have access. A record should be kept for audit and safety purposes

A controlled drug, as with all medicines, should be returned to the parent when no longer required, to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

## STUDENTS WITH SHORT-TERM MEDICAL NEEDS

- If children are unwell and unable to cope with a busy school day, they should not be sent to school
- **If a child has any infectious or contagious condition, they must not come to school**
- If children become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home
- Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics

## DISPOSAL OF MEDICINES

- When out of date or no longer required, the school will ask parents/carers to collect the medicines from school
- Where medicines have not been collected, school will return them to a dispensing chemist
- Sharp boxes are used for the disposal of needles and other sharps. Parents provide sharp boxes as part of the equipment needed to treat a condition, e.g. diabetes.
- Full sharp boxes are closed securely and returned to parents. Parents should then take them to their GP for disposal.

## EMERGENCY PROCEDURES

Where a child has a healthcare plan, this defines what constitutes an emergency and explains what to do. If a student needs to be taken to hospital, staff should stay with the child until the parent/carer arrives. Where an ambulance has been called, staff should accompany the child in the ambulance and wait with the child in hospital until the parent/carer arrives.

## COMPLAINTS

If Parents/Carers are unhappy with the provision made for their child regarding their medical needs they should, in the first instance, contact the Headteacher directly. Full details about the school's Complaints Procedure can be found on the school website or obtained from the school office on request.

## APPENDICES

- Appendix 1 - Parental consent/permission forms for medication
- Appendix 2 - DFE Guidance 2014 – Supporting pupils at school with medical conditions; statutory guidance for governing bodies of maintained schools and proprietors of academies in England
- Appendix 3a and 3b - Model letter for inviting parent to contribute to the development of their child's IHP
- Appendix 4a - School Declaration for administration of medicines
- Appendix 4b - Staff Declaration for administration of medicines
- Appendix 5 - Example template of an individual register of medication obtained and administered by school
- Appendix 6 - Unacceptable practice
- Appendix 7 - Contacting Emergency Services

# APPENDIX 1 – PARENTAL CONSENT/PERMISSION FORMS FOR MEDICATION

## Request for School to Administer Medication

Parents to complete, if they wish the school to administer medication.

Children are not permitted to carry their own medication except inhalers.

Name: .....

D.O.B: .....

## Medication Details

Name of medication: .....

Duration: .....

Expiry Date: .....

Container has child's name displayed: .....

## Directions

Dose/route of administration (e.g. oral, inhaler, local, topical, rectal) .....

Time of dose.....

Special precautions .....

Side effects .....

Self-administration .....

## Parental Consent

I understand that I must deliver the medicine personally (to agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Print Name: .....

Signature(s): .....

Relationship to student: .....

Date: .....

## **APPENDIX 2 – DfE SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS (APRIL 2014)**

Go to the following link on the DfE website. Alternatively a paper copy can be accessed via the school.  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

# APPENDIX 3A - MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT (FOR MAIL MERGE)

PRIVATE AND CONFIDENTIAL

«Parental\_Salutation»

«AddressBlock»

Date

**Developing an Individual Healthcare Plan for «Forename» «Surname», «Reg»**

Dear «Parental\_Salutation»

We are updating information relating to our students' medical conditions. A copy of the School's policy for supporting students with medical conditions for your information can be found on the school website.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support «Forename» needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, students and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support «Forename» 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 the plan will depend on the complexity of Forename's medical condition and the degree of support needed.

I would be grateful if you could contact the SENDCO at school at your earliest convenience in order to arrange a meeting to start the process of developing your child's individual health care plan (IHCP). Please let us know if you intend to invite another medical practitioner, healthcare professional or specialist.

If you are unable to attend a meeting in person, it would be helpful if you could contact school and complete the attached individual health care plan template and return it, together with any relevant evidence, for consideration at the meeting.

Please do not hesitate to contact the school office if you require any further information.

Yours faithfully

**Miss M Kelsall**  
**Headteacher**

# APPENDIX 3B - MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT (FORMAILMERGE)

PRIVATE AND CONFIDENTIAL

«Parental\_Salutation»

«AddressBlock»

Date

Dear «Parental\_Salutation»

We are updating information relating to students medical conditions. A copy of the School's policy for supporting students with medical conditions for your information can be found on the school website.

«Forename»'s healthcare plan is now due for an annual review. We need you to complete and return the attached slip to school and report any changes required.

Please include any changes to contact details, medicine dosages, treatments etc. Please note that it is the parents'/carers' responsibility to inform school of any changes to the healthcare plan. As you know a copy of this document is held in school and gives specific direction as to how we manage your forename's health condition, it is therefore important that the healthcare plan contains up-to-date information. It is also important that any medicines or inhalers mentioned on the plan are held in school at all times. It is the responsibility of the parent/carer to ensure this is the case.

If you require changes to the healthcare plan please amend the copy enclosed and return to school where any updates will be recorded. The form will then be returned to you for a signature and date.

Should changes not be necessary please sign and date the attached reply slip and sign and date the healthcare plan, and return both slip and plan to school by «Date».

Please do not hesitate to contact the school office if you require any further information.

Yours faithfully

**SEND Administrator**

-----  
Please sign and return this slip and healthcare plan by «Date» to school.

Name of child: «Forename» «Surname» Progress group: «Reg» Date of birth: .....

Are any changes required? (Yes or No) .....

Signature of parent/carer: ..... Date: .....

# APPENDIX 4A - SCHOOL DECLARATION FOR ADMINISTRATION OF MEDICINES

## School Declaration for Administration of Medicines

The School Governing Body understand that administering medication is not part of a Teachers' /Support Staff professional duties and therefore we respect the agreement and decision made by each individual member of staff.

Whilst there are risks when administering medication, with suitable and sufficient training, these should be minimal in comparison with the risk to the student if medication is either delayed or not given in a life-threatening situation.

Liability, should anything go wrong, will only arise where there has been negligence i.e. failure to exercise reasonable care. In such cases it would be the employer who would be vicariously liable for any claim arising out of negligence of an employee.

When administering medication, there is a legal requirement to exercise reasonable care to avoid injury. Staff who administer or oversee the administration of medication would be considered to be discharging their duty of care 'in loco parentis' i.e. the degree of care exercised as that undertaken by the average careful parent/carer in the same circumstances.

The Headteacher will accept responsibility in principle for members of schools staff giving and supervising students taking prescribed and unprescribed medication during the school day, where those members of staff have volunteered to do so.

If you are happy to undertake the administering of medications to students, please complete and sign the staff declaration staff form. Thank you.

**Chair of Governors:** .....

**Date:** .....



# APPENDIX 4B - STAFF DECLARATION FOR ADMINISTRATION OF MEDICINES

## Staff Declaration for Administration of Medicines

As a staff member at Lotus School, I am willing to volunteer to administer medication to students as and when required during the school day, following relevant school training.

I also understand that some students will require medication to be administered on external school visits, trips, activities, sporting events and out of hours activities such as school residential trips and after school clubs.

I have read the school declaration stated above and understand the Employer (the School Governing Body) will be liable for any failure to exercise reasonable care.

I will not disclose details about a student's medical condition without the consent of the parents and, where appropriate, the student.

**Name of staff:** .....

**Signed by:** .....

**Date:** .....

## OPT OUT

As a staff member of Lotus School, I am unwilling to administer medication to students.

**Name of staff:** .....

**Signed by:** .....

**Date:** .....

# APPENDIX 5 - EXAMPLE TEMPLATE OF AN INDIVIDUAL REGISTER OF MEDICATION OBTAINED AND ADMINISTERED BY SCHOOL

Name: ..... Date of Birth: .....

Address: .....  
 .....

GP: ..... Allergies: .....

**Register of Medication Obtained**

Date	Name of Person who brought in the Medication	Name of Medication	Amount Supplied	Form Supplied	Expiry Date	Dosage Regime	Received By

Date	Medication	Amount Given	Amount Left	Time	Administered By	Comments/Action Side Effects

## APPENDIX 6 - UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits, it is not generally acceptable practice to:

- Prevent children from 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition 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
- Prevent students from drinking, eating, or taking toilets or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues - no parent should have to give up work because the school fails to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

# APPENDIX 7 - CONTACTING EMERGENCY SERVICES

## CONTACTING EMERGENCY SERVICES

Dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number: (although preferably a school mobile phone which can be with the person calling with the child).
2. Give your location as follows: **Lotus School, Langdale Road, Blackpool**
3. State the postcode: **FY4 4RR**
4. Give exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance.
9. Inform site staff so they can open the gate or barrier.
10. State that the crew will be met at this entrance and taken to the student.
11. Do not hang up until the information has been repeated back to you.
12. Ideally the person calling should be with the child, as the emergency services may give first aid instruction.
13. Never cancel an ambulance once it has been called.

**Speak clearly and slowly.**

**A copy of this form will be kept in appropriate places e.g. phones in student support areas/admin areas/departmental work areas.**