



# **SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS AND ADMINISTERING MEDICINES POLICY**

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Reviewed by the Trust Board

“The Trustees of the Southport Learning Trust are committed to safeguarding and promoting the welfare of children and young people at every opportunity and expect all staff and volunteers to share this commitment”

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## Part 1: SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

The Southport Learning Trust is committed to supporting pupils at school with medical conditions, in terms of both physical and mental health, and seeks to ensure they are effectively supported in their school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

### 1. Purpose

To ensure:-

- that pupils at school with medical conditions are properly supported, enabling them to have full access to education, including school educational visits and physical education.
- that arrangements are in place in school to support pupils with medical conditions. The school Local Governing Body has responsibility for the oversight of this.
- that the school's leaders consult health and social care professionals, pupils and parent / carers to ensure that the needs of pupils with medical conditions are effectively supported.
- a safe working environment for all staff, pupils and visitors and to ensure all medical issues are dealt with appropriately; in accordance with the Procedures on the Administration of Medicines in school included within this policy as Part 2.
- that medicine is administered safely and responsibly, in accordance with the Procedures on the Administration of Medicines.
- pupils can return to school following illness as quickly as possible and are supported appropriately, both, when unable to attend school and on their return.

This policy follows [DfE guidance on supporting pupils with medical conditions](#).

### 2. Roles and Responsibilities

The school Local Governing Body ensures that:

- the school makes arrangements to support pupils with medical conditions in school and sufficient staff have received suitable training and are competent before taking on the responsibility to support pupils with medical conditions.

#### The Headteacher and the Designated Safeguarding Lead (DSL):

- ensures that this policy is developed and effectively implemented with partners.
- has overall responsibility for the development of Individual Healthcare Plans (IHCP).
- ensures that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- contacts the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

#### School staff:

- Any member of school staff may be asked to provide support to pupils with medical conditions, in accordance with this policy.
- Teachers must take into account the needs of pupils with medical conditions that they teach.

#### The School Nurse who can be contacted through the school reception:

- is responsible for notifying the school when a pupil has been identified as having a medical condition which will require support in school. Wherever possible, this should be done before the pupil starts at the school.
- should support staff with the implementation of a pupil's individual healthcare plan and provide advice and liaison, for example on training.

Other healthcare professionals, including GPs and paediatricians:

- should notify the school nurse when a pupil has been identified as having a medical condition that will require support at school.
- may provide advice on developing Individual Healthcare Plans.

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

Parent and Carers:

- should provide the school with sufficient and up-to-date information about their child's medical needs, including notifying the school that their pupil has a medical condition.
- 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.
- should ensure all medication is in date, changed and renewed as appropriate.

Providers of health services:

- should co-operate with the school regarding supporting pupils with a medical condition, including appropriate communication.
- liaise with school nurses and other healthcare professionals such as specialist and pupils' community nurses.

### **3. Training and Support**

- The school will ensure appropriate staff receive the necessary training to fulfil their role. School will always source training from relevant, qualified professionals.
- The Headteacher and DSL is responsible for ensuring staff have appropriate training in order to support the medical needs of pupils.
- Members of staff providing support to pupils with medical needs must have received necessary training as identified in the IHCP.
- It is the responsibility of the relevant health carer to lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.
- The school nurse will provide annual training when required.

### **4. Provision for Pupils with Medical Conditions**

- Staff will be made aware of the relevant medical conditions. Pupils' medical profiles, including photographs of pupils with serious medical conditions are posted on the safeguarding notice board in the staffroom.
- All staff will receive relevant training and at least 2 members of staff will receive specific training to ensure cover is always available in case of staff absence or staff turnover.
- Supply teachers will be briefed by the member of staff responsible for cover about the needs of individual pupils and where appropriate will be provided with written guidance with a photo of the pupil on it.
- Risk Assessments will be produced for individual pupils for educational visits, activities and holidays outside of the school day.
- Individual Health Care Plans will be reviewed regularly and the implementation monitored by the Assistant Headteacher with responsibility for Pastoral Care and the School Nurse. Parent or carers are responsible for informing school of any changes to the plan and ensuring that the necessary medication is in date.

## **5. Procedure to be followed when notification has been received that a pupil has a medical condition**

### Admission Arrangements:

Once notified that a pupil with a medical condition is to be admitted, the school is responsible for liaising with the relevant school(s) and medical authorities. For September admissions into Reception or Year 7, support will be in place prior to the start of term. For pupils who receive a new diagnosis or are admitted to the school mid-term, every effort will be made to ensure that arrangements will be in place within two weeks.

### Re-Integration

Where a pupil is returning to school following a period of hospital education or alternative provision (including complimentary education), school will work with the local authority and education provider as appropriate to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively. School is responsible for the provision of this support.

### Change in a pupil's needs

Where a pupil's medical condition is unclear, or where there is a difference of opinion, the school will request medical evidence and advice and will consult parent / carers when trying to determine the relevant support required. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

In all incidences the relevant staff training and support will be implemented.

## **6. Individual Healthcare Plans (IHCP)**

These are produced to ensure that the school effectively supports pupils with medical conditions. They will normally apply where the needs are long term and complex. The plan will clearly state the action required, when and by whom. Not all pupils with medical needs will require a plan. The names of pupils with IHCP are shared with all staff through the Safeguarding noticeboard in the staffroom with the plans available confidentially via the central MIS System and through the nominated First Aider.

The school, healthcare professional and parent or carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take the final view. A flow chart for identifying and agreeing the support a pupil's needs and developing an Individual Healthcare Plan is provided in appendix A.

The format of Individual Healthcare Plans may vary to enable the school to select the most effective for the specific needs of each pupil. They are easily accessible to all who need to refer to them, while preserving confidentiality.

The level of detail within a plan will depend on the complexity of the pupil'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 and/or disabilities (SEND) but does not have a statement or Education and Healthcare Plan (EHC), their special educational needs should be mentioned in their Individual Healthcare Plan.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent / carer, by a member of school staff or a healthcare professional involved in providing care to the pupil. Plans should be drawn up in partnership between the school, parent or carers, and a relevant healthcare professional, who can best advise on the particular needs of the child. Pupils should also be involved whenever

appropriate as the aim is to capture the steps which the school should take to help the pupil manage their condition and overcome any potential barriers to learning.

Plans will be reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed.

Where a pupil returns to school following a period of hospital education or alternative provision (including home tuition), school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child requires to reintegrate effectively.

Appendix A contains the information required in the IHCP.

## **7. Provision of work for sick children who are unable to attend school**

Requests for work to be sent home to a pupil who is absent from school due to illness must be met as promptly as possible.

The Headteacher/ Assistant Headteacher / Pastoral Staff will circulate requests for work to teaching staff concerned.

The Subject Teacher sets the work and returns it to the learning mentor with any books (including exercise books) and equipment required. The work should be related, as far as possible, to work continuing with rest of class and marked when returned to school. Work is available on the VLE to support work in the home environment.

The Learning Mentor or Attendance and Welfare Officer will liaise between school and home should absence be lengthy and will also ensure a smooth, planned return to school. Complementary education may be contacted if the absence is likely to be long term.

## **8. Provision for Educational Visits**

The school will actively support pupils with medical conditions to participate in educational visits, or in sporting activities, and not prevent them from doing so.

## **9. Managing Medicines on the school premises – in accordance with the school's Medicines Policy**

### Administration of medication

Medicines should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so. All medicines will be administered as per an Individual Healthcare Plan.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first aid certificate does not constitute appropriate training in supporting pupils with medical conditions.

No pupil under 16 should be given prescription or non-prescription medicines without their parent or carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the pupil without the knowledge of the parent or carers. In such cases, every effort should be made to encourage the pupil or young person to inform and involve their parent or carers, whilst respecting their right to confidentiality.

A pupil under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Medication is to be provided by parent / carers/carers of the pupil with instruction when to be administered. Parent or carers should be kept informed.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

School staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. School keeps a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another pupil for use is an offence. Monitoring arrangements may be necessary where a pupil is identified as needing support..

### Exception

Urgent and frequently used medication (e.g. asthma inhalers) may be kept by the pupil who is then responsible for it, unless the child is at primary school. In this case the medication will be kept by the class teacher and use will be recorded centrally on Smartlog using the medical tracker. Spare medication such as an inhaler, clearly marked with the pupil's name and form will be held in a secure place by the first aider if supplied.

### Circumstances Requiring Special Caution

- When the timing and nature of administration are of vital importance and serious consequences could result if a dose is not taken.
- When technical, medical knowledge or expertise is required: The preferred course of action is for the parent / carer to come to school to administer the medication.as outlined in the IHCP (Individual Healthcare Plan).
- Where this is not possible the Headteacher will seek medical advice. If administration by the school is agreed, clear written instructions will be obtained from the appropriate source..
- Records of the administration will be kept by the first aider and updated.
- The regular injection of pupils will not be carried out by the school in line with school's policy.
- If a pupil is known to be subject to life-threatening circumstances, an agreed Individual Healthcare Plan, including holding the appropriate medication and the training of staff, will be put in place and maintained in the first aid room or centrally designated location by the school and on the MIS system under the pupil's records.
- The school will not undertake treatment requiring intimate contact.
- Guidance for treating different medical conditions can be found in Appendix J

## **10. Pupils who are competent to manage their own health needs**

Following discussion with parent / carers, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Healthcare Plans. Wherever possible, pupils will be allowed to carry their own medicines and relative relevant devices or will be able to access their medicines for self-medication quickly and easily.

Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff should help to administer medicines and manage procedures for them as outlined in their IHCP. 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. Parent / carers will be informed immediately so that alternative options can be considered.

## **11. Managing and storage of medicines**

School 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 still be in date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Parent and carers must provide written instructions relating to medication that needs to be provided on an annual basis (if the condition is long term). The school will not accept responsibility for medications brought in without written notification.

Medical advice must be sought immediately if a pupil's condition gives concern following administration and parent / carers contacted.

School will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only staff will have access to. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.

All medicines will be stored safely. Pupils will know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to pupils and not locked away. This is particularly important to consider when outside of school premises e.g. on educational visits.

When no longer required, medicines should be returned to the parent or carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

## **12. Record Keeping**

The school will ensure that written records of consent for administering medications and other related hardcopy information will be stored in the agreed central location of the school if not the First Aid room. Electronic data will be recorded and retain in Smartlog.

## **13. Emergency Procedures**

Where a pupil 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 pupil needs to be taken to hospital, staff will stay with the pupil until the parent or carer arrives, or accompany a pupil taken to hospital by ambulance.

## **14. Unacceptable Practice**

Appendix E contains guidance from the Department for Education about school practice that would be deemed unacceptable. School adheres to these guidelines

## **15. Liability and Indemnity**

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

## **16. Complaints**

Parent, carers or pupils who are dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure, which is referenced in the Complaints Policy available on the school website. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

## Part 2: Procedures on the Administration of Medicines in school

Southport Learning Trust recognises that many pupils will at some time need to take prescribed medication at school. Whilst parent and carers retain responsibility for their child's medication, the school has a duty of care to their pupils while at school, and Southport Learning Trust wish to do all that is reasonably practicable to safeguard and promote pupils' welfare.

### 17. Responsibilities:

Southport Learning Trust takes responsibility for the administration of prescribed medicines during school time having taken due consideration of Government guidelines.

The Headteacher will implement the policy on a day-to-day basis. The Headteacher will ensure that procedures are understood and adhered to, that training is provided and that there is effective communication and consultation with parent / carers, pupils and health professionals concerning pupils' medical needs.

All staff are expected to maintain professional standards of care though they have no contractual or legal duty to administer medication. Southport Learning Trust does not require teaching staff to administer medication.

At a Southport Learning Trust school there is a named First Aider who holds a current first aid certificate and supports and observes pupils administering prescribed medicines.

However, all staff will have available to them through the MIS system, if required, specific information and details regarding particular conditions that may apply to the pupils for which they have charge

Some specified staff (e.g. Designated First Aiders, PE staff and staff taking educational visits) who volunteer their services, may be given training to administer first aid and/or medication to pupils.

Each episode of illness will be treated separately, and no medication can be carried forward. All uncollected medication will be destroyed after one month if not collected, with exception to long term medical conditions such as Epi-Pens and Inhalers. It is the pupils' responsibility to ensure that they receive their medication during the school day at the correct times.

Medicines and /or tablets must be in the original container or packet with the pharmacist's label still attached. Loose tablets will not be accepted.

### 18. Staff Indemnity

Southport Learning Trust fully indemnify all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following Southport Learning Trust guidelines.

### 19. Guidelines

#### ▪ Records

On admission of the pupil to the school, parent and carers will be required to provide information giving full details of:

- medical conditions
- allergies
- regular medication in the case of on-going illness or long-term conditions.
- emergency contact numbers
- name of family doctor/consultants
- special requirements (e.g. dietary)

At the beginning of each academic year all parents and carers will be required to up-date the medical form and should inform the school of changes to contact information throughout the year.

▪ Administration of the medication

Parent and carers should ensure that they are familiar with the advice and guidelines the school provides with respect to health, in particular diseases caused by infectious and contagious organisms. The school expects parents and carers to respect the advice and guidelines. The school expects that normally parents and carers will administer medication to their children.

Any requests for prescribed medicine to be administered must come from a parent or carer, in writing, on the school's 'Parent and Carer Agreement for School to Administer Medicine' which is attached as Appendix A, and each request will be considered on an individual basis.

The Form will include:

- name of parent / carer/carer and contact number
- name of pupil and class
- name of medicine
- name of doctor who prescribed it as well as contact details
- how much to give
- how it is to be administered
- when to be given
- any other instructions

The form will end with the consent statement,

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

**This must be signed and dated by a parent / carer or someone with parent / carer control before any medicines are administered.**

A separate form must be completed for each medicine to be administered.

Parents and carers will be expected to notify any requests for the administration of medicines at the earliest opportunity to the First Aider. This applies to medication for an on-going condition, e.g. epilepsy and for self-administered medication, e.g. use of an inhaler. In the case of common, but long-term ailments, such as epilepsy and asthma, the facts of the illness, and the action to be taken by the school, should be highlighted out by the medical practitioner and recorded in the pupil's records.

The Headteacher (or person authorised) will decide whether any medication will be administered in school, and by whom. In appropriate cases the Headteacher and parents or carers (and anyone else the Headteacher deems necessary) will draw up a healthcare plan in accordance with DFE guidelines indicated as Appendix B.

The medication must be in the original container or packaging as prescribed by the doctor and dispensed by a pharmacist, with the pharmacist's label attached, and with the pupil's name and instructions for administration printed clearly on the label.

The school will not deal with any requests to renew the supply of the medication. This is entirely the responsibility of parent and carers. Parent and carers are responsible for checking medication in school is the correct dosage and is 'in date'.

If the pupil is required and able to administer her own medicine (e.g. inhaler for asthma) the class teacher or first aider will check that the pupil fully understands what has to be done and will organise or supervise the administration.

Medication will be stored centrally with the main school First Aider. Pupils should not have on their person or administer medication without the involvement and knowledge of a First Aider. If a person is able to self-medicate the relevant consent form needs to be completed.

The school will not in any circumstances administer non-prescription medicines in school unless it has a written request from a parent or carer following advice from an appropriate medical practitioner stipulating the required dosage and frequency. Such medicine must be in a named container. No sharing of medication is allowed, and the school will not, under any circumstances, supply medication to pupils.

- Intimate or Invasive Treatment

The school will not normally allow these to take place in school unless it is part of an Individual Health Care Plan.

- Long-term Medical Needs

The school will do all it reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parent or carers, and medical practitioners. The Governors reserve the right to discuss the matter with a medical adviser of their choosing.

- Internal Records of Administered Medication

The school maintain a record of what medication has been administered, the date it was administered and the time as part of the accident / record of illness in Smartlog. This is accessible centrally by designated. kept in the school office or wherever the first aider is situated.

- Educational Visits

All named medication needed for pupils on a school trip will be signed out/in by the First Aider. The Visit Group Leader should return the medication to the first aider as soon as possible on return.

- Training

Southport Learning Trust is committed to providing appropriate training for staff who volunteer to participate in the administration of medicines and first aid.

- Monitoring and Review

The Headteacher will be responsible for monitoring the implementation of the policy. This policy follows DFE Guidance.

## Appendix A

### Guidance for the use of Individual Health Care Plans in Sefton Schools

Two Health Care Plan formats have been developed for use in schools, Individual Health Care Plan for Pupils with Medical Needs and Individual Health Care Plan for Pupils with Complex Medical Needs. (Attached to the rear of this guidance)

#### Individual Health Care Plan for Pupils with Medical Needs

This proforma should be completed for a pupil who has an additional medical need. The pupil may take medication at home or at school, or may have a medical condition that requires staff to be aware of an emergency procedure. For example, pupils who have diabetes, epilepsy, asthma or hydrocephalus would benefit from this type of plan.

Schools should complete this form with parents or carers supported by their school nurse, who will act as a link with other health professionals involved with the pupil. School needs to ensure that a copy of the completed form is passed to the school nurse, who will file a copy on the pupil's health record. Every effort must be made to involve the pupil in this process where appropriate.

We recommend that the health care plans are produced as a word document and saved electronically for ease of future update.

#### Individual Health Care Plan for Pupils with Complex Medical Needs

This proforma should be completed for a pupil who may have one or more medical/physical needs that require staff to have more comprehensive information in order to provide appropriate support. This document contains information about the pupil's condition, daily management issues, equipment and emergency procedures. It also details how the curriculum should be made more accessible.

Schools should complete this form with parents and carers supported by the school nurse and/or SENDCO and Head of Year. Again School must ensure that the completed form is passed through to school health so that it becomes part of the pupil's health record. Every effort must be made to involve the pupil in this process where appropriate. For a 'Looked After' pupil or a pupil with an Education and Healthcare Plan (EHCP), the Individual Health Care Plan should not take the place of a Health action Plan that is completed annually. Where a 'Looked After' pupil requires an Individual Health Care Plan, the two documents should be reviewed together. This is completed by the SENDCO not the main First Aider. IHCP will also be displayed on the Safeguarding Noticeboard.

#### Reviewing Individual Health Care Plans

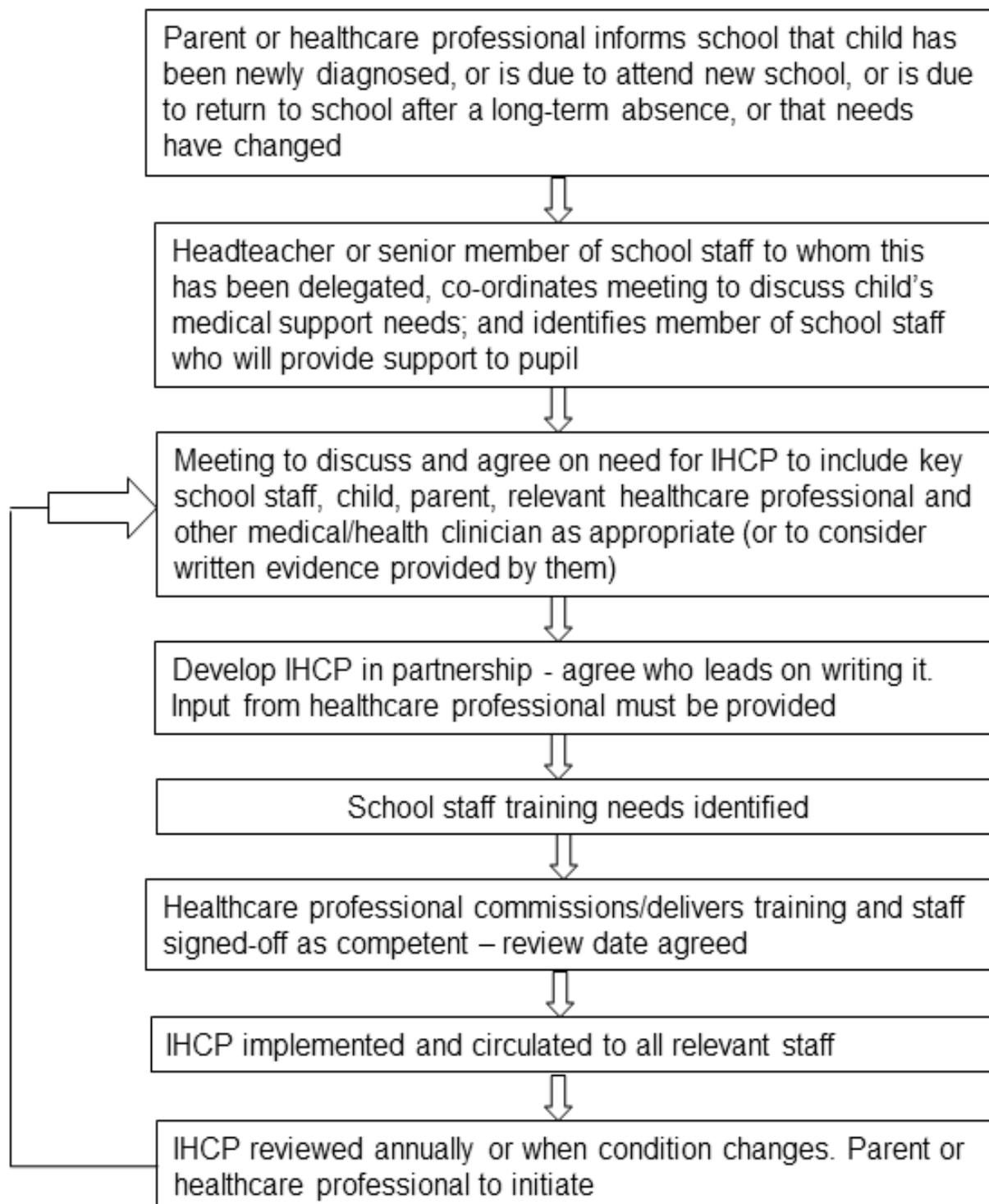
The Individual Health Care Plan should be reviewed on an annual basis or as needs or medication change. It is the responsibility of the SENDCO or other designated member of school staff, to ensure that plans are reviewed. Pupils with complex medical needs, like pupils who have an EHCP, are likely to have an annual review, which parents/carers and support agencies attend. The Individual Health Care Plan could be reviewed at this meeting.

Where a pupil's medical needs are less complex, the school nurse and parents and carers should be involved in the review process. **Parents and carers have a responsibility to inform school of changes in their pupil's medical condition/medication, which would render a Health Care Plan out of date.**

The forms attached to this policy provides schools with additional resources for recording information on a pupil's medical needs and are recommended templates by the Department for Education. These are:

- Parent / carer agreement for school to administer medicine (Appendix E)
- Record of medicine administered to an individual pupil (Appendix F)
- Record of medicines administered to all pupils (Appendix G)
- Staff training record-administration of medicines (Appendix H)
- Contacting Emergency Services (Appendix J)

## 20. Model process for developing Individual Healthcare Plans (IHCP)



## **Appendix B: Letter inviting parent / carers to contribute to Individual Healthcare Plan Development**

### **PRIVATE AND CONFIDENTIAL**

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

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

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

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

## SEFTON CHILDREN'S SERVICES

## INDIVIDUAL HEALTH CARE PLAN FOR PUPILS WITH MEDICAL NEEDS

Name of pupil:	DOB:	Year Group:
Medical Diagnosis: Any known allergies:	School:	
Child's Address:		
<b>Family Contact Details</b>		
Name:	Name:	
Address:	Address:	
Phone (home):	Phone (home):	
Mobile:	Mobile:	
Work:	Work:	
<b>Clinic/Hospital Contact</b>		
Name:		
Phone number:		
G.P:		
Phone number:		
<u>Describe medical needs/ child's symptoms:</u>		

**Daily care requirements:**

**Describe what constitutes an emergency for the child and action to be taken if this occurs:**

**Who is responsible in an emergency?**

Care plan completed by.....

Date.....

Plan to be reviewed by.....

**Parent / Carer consent**

I consent to the staff named in this plan administering these procedures for my child, and I give my consent to the information in this healthcare plan being shared with the necessary staff in school

Name.....

Relationship to child/young person.....

Signature..... Date.....

**Child's consent**

I consent to staff/carers administering the above procedure/medication to me

Signature..... Date.....

*Data Protection: The information provided will be treated as confidential and only shared with relevant internal and external individuals or organisations, approved by the school, if required.*

## SEFTON CHILDREN'S SERVICES

## INDIVIDUAL HEALTH CARE PLAN FOR PUPILS WITH COMPLEX MEDICAL NEEDS

Name of Pupil:	DOB:	Year Group:		
Medical / Physical Condition:  Any known allergies:	School:			
<b>Family Contact Details</b>				
Name:	Name:			
Address:	Address:			
Phone (home):	Phone (home):			
Mobile:	Mobile:			
Work:	Work:			
<p><b>IHCP drawn up on:</b></p> <p><b>People present at meeting:</b></p> <p><b>SEN (Code of Practice Stage):</b></p> <p><b>Date for review (may be alongside Annual Review):</b></p> <p><b>Person responsible for IHCP:</b></p> <p><b><u>Additional Support</u></b> Amount of additional support needed: (e.g. Formal Assessment / SA+)</p> <p><b>Funding for additional support:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b><u>Current Support Workers</u></b> Name:</p> <p>Designation:</p> <p>Date of Training:</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b><u>Backup Support Worker</u></b> Name:</p> <p>Contact:</p> <p>Date of Training:</p> </td> </tr> </table>			<p><b><u>Current Support Workers</u></b> Name:</p> <p>Designation:</p> <p>Date of Training:</p>	<p><b><u>Backup Support Worker</u></b> Name:</p> <p>Contact:</p> <p>Date of Training:</p>
<p><b><u>Current Support Workers</u></b> Name:</p> <p>Designation:</p> <p>Date of Training:</p>	<p><b><u>Backup Support Worker</u></b> Name:</p> <p>Contact:</p> <p>Date of Training:</p>			

**Professional Contacts:**

**Copies of IHCP to:**

**Important information regarding the condition**

**Equipment used in schools:** (Who provided it? Contact for repair. Where it is kept. Who is responsible for its upkeep? Its purpose and details of use):

**Daily Management Issues:**

(Toileting. Self-help skills. Mobility around school. Additional support needed)

**Educational Implications** (Including advice to different subject areas)

**P.E.**

**Off-Site Activities:** (to include school trips and appointments when accompanied by school staff)

**Emergency Procedures:** (copy of this section should be given to all relevant people e.g. MDS office staff etc)

**Who has responsibility in an emergency?**

**Medication** (Please complete the following table)

Medication	Dose	Route of administration	Frequency	Home/school	Stored	Administered by

List all medications including those administered at home by parent / carers/carers.  
 Please attach additional forms: Parent / carer agreement for school to administer, Record of medicine administered, Request for child to carry his/her own medication)

This healthcare plan was completed by  
 Signature..... Date.....

Healthcare plan agreed by  
 Name.....

Designation.....

Signature..... Date.....

**Parent / carer guardian consent**

I consent to the staff named in this plan administering these procedures for my child, and I give my consent to the information in this healthcare plan being shared with the necessary staff in school

Name.....

Relationship to child/young person.....

Signature..... Date.....

**Child's consent**

I consent to staff/carers administering the above procedure/medication to me

Signature..... Date.....

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## **21. Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is not generally acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- assume that every pupil with the same condition requires the same treatment.
- ignore the views of the pupil or their parent or carers; or ignore medical evidence or opinion, (although this may be challenged).
- send pupils 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 pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- penalise pupils for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- require parent or carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent / carer should have to give up working because the school is failing to support their pupil's medical needs; or
- prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parent or carers to accompany the pupil.

## Appendix E: Parent and Carer agreement for School to administer medicine

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

### PRIVATE AND CONFIDENTIAL

Date for review to be initiated by

Name of school

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/ 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


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

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

*Data Protection: The information provided will be treated as confidential and only shared with relevant internal and external individuals or organisations, approved by the school, if required.*

## Appendix F: record of medicine administered to an individual child

### PRIVATE AND CONFIDENTIAL

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

Staff signature \_\_\_\_\_

Signature of parent / carer \_\_\_\_\_

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

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

*Data Protection: The information provided will be treated as confidential and only shared with relevant internal and external individuals or organisations, approved by the school, if required.*

**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			

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## Appendix H: staff training record – administration of medicines

### PRIVATE AND CONFIDENTIAL

Name of school/

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 \_\_\_\_\_

*Data Protection: The information provided will be treated as confidential and only shared with relevant internal and external individuals or organisations, approved by the school, if required.*

## **Appendix I: General guidelines for treating different medical conditions**

### **ANAPHYLAXIS**

Anaphylaxis is a severe allergic reaction to food, particularly nuts. The name and a photograph of any child suffering from Anaphylaxis will be put on the notice board in the staff room and pupils will be informed via assemblies and/or on the bulletin. Pupils have been asked to avoid bringing peanut products to eat in the buildings in order to prevent any accidental contact.

#### **Symptoms of a reaction**

The symptoms and signs of an allergic reaction normally appear within a few seconds or minutes after exposure to the allergen. The symptoms include:

- Itching or a strange metallic taste in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- General flushing
- Abdominal cramps and nausea
- Increased heart rate
- Collapse or unconsciousness
- Difficulty with breathing or wheezing

#### **Guidelines for treating a patient**

This can be treated with medication such as the Epi Pen. Training on the use of the Epi Pen is given to staff at the beginning of every academic year who will administer the medication in an emergency. If an Epi Pen has to be used, an ambulance must be called.

### **ASTHMA**

#### **Symptoms of a reaction**

It is likely that a person is suffering from an asthma attack if:

- there is sudden breathlessness and coughing, particularly after physical activity;
- whistling or wheezing noises from the chest or throat can be heard;
- the patient is frightened because of tightness in the chest and difficulty in breathing.

#### **Guidelines for treating a patient:**

- Stay calm and reassure the patient.
- Check the patient has an inhaler and uses it.
- Loosen tight clothing.
- Help the patient to breathe by encouraging him/her to take deep breaths.
- Summon a qualified first aider who will make a decision as to appropriate further treatment.
- An ambulance will be sent for if:
  - a) the patient's condition has not improved after 15 minutes
  - b) the patient is distressed and unable to speak
  - c) the patient is exhausted or the lips have turned blue
  - d) the pulse is faster than 120 beats per minute
  - e) the first aider feels it is necessary

## **DIABETES**

### **Symptoms of a reaction**

It is likely that a person suffering from a diabetes attack will show the following symptoms:-

#### **Low Blood Sugars: -**

- Headache.
- Perspiration.
- Pale complexion.
- Sudden hunger.
- Dizziness.
- Trembling.
- Rapid pulse rate.
- Drowsiness.
- Confusion and inattention.
- Blurred vision.
- Irritability.
- Seizure, loss of consciousness.

### **Guidelines for treating a patient:**

The person should eat a fast-acting carbohydrate or 2-4 glucose tablets. If unconscious, nothing should be given by mouth; glucagon can be administered, and an ambulance should be called if the person does not respond to treatment.

#### **High Blood Sugars: -**

- Extreme thirst.
- Frequent urination.
- Drowsiness, lethargy.
- Glucose in urine.
- Dry, hot skin.
- Lack of appetite.
- High levels of ketones in urine.
- Fruity, sweet or wine like odour on breath.
- Heavy, laboured breathing.
- Stupor,
- Unconsciousness.

## **Appendix J: 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
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
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