



Supporting Children With Medical Conditions Policy

Written	November 2019
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SLT Lead	Ellie Danby
Signed: Head Teacher	_____
Chair of Trustees	_____



SECTION 1

INTRODUCTION

This policy is closely based on DfE guidance "Supporting pupils at School with Medical Conditions". A copy of this document is available on the DfE website:
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

It is important that responsibility for pupils' safety is clearly defined and that each person involved with pupils with medical needs is aware of what is expected of them. Close co-operation between the school, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs. The Iffley Academy has an appointed Medical Coordinator who takes responsibility for coordination and sharing of information.

There is no legal duty which requires school staff to administer medication; this is a voluntary role. However support staff have specific duties to provide medical assistance as part of their contract.

This document gives specific guidelines with regards to the administration of medicines to pupils. Individual pupils with special medical needs may require an Individual Health Care Plan to be produced, in consultation with school staff, parents, pupil, School Health Nurse and the Paediatrician.

This document should be made known to all members of staff who may be involved in administering medicines to pupils.

Children with Medical Needs

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy, cystic fibrosis or diabetes.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Children may not require medical assistance during normal school hours but will need support if out of school hour trips are taken.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.



Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities.

Under Part 4 of the DDA, the school **must not** discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities. The school should make reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in practices, procedures and in policies.

Support for Children with Medical Needs

Parents/carers have the prime responsibility for their child's health and should provide school with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. Health professionals linked to the school, e.g. doctor, nurse, or health visitor and any specialist voluntary bodies may also be able to provide additional background information for staff.



SECTION 2

ADMINISTERING MEDICINES IN SCHOOL

Prescribed Medicines

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'. Medication prescribed for three times a day or less (and not directly involving food intake) should not be administered in school. School should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the label clearly stating the child's name, prescriber's instructions for administration and dosage.

Only staff who have received First Aid training can administer medicines.

School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Parents are responsible for bringing medication into school with specific written instructions: pupils should not be responsible for bringing medicines into school however Transport Drivers or Escorts may bring in medication.

All medication administered by school staff must be supported by a Parent/Carer fully completing a form 3 – the detail on the Form must be identical to the prescribed label.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (see Annex A). Some may be prescribed as medicine for use by children, e.g. methylphenidate.

Any member of staff who is first aid trained may administer controlled drugs to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession to bring it into school from home. It is permissible for school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access. A record of administration should be kept for audit and safety purposes.

When controlled medication is administered to a student by a first aid trained member of staff this should be recorded on Form 4 and signed by two members of staff. Student information, name, strength of medication and dosage should be typed on Form 4 (not hand-written).



If a student requires controlled medication in school then a DfE IHCP and School IHCP should be completed by school and in conjunction with the students' parents or carers.

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).

Misuse of a controlled drug, such as passing it to another child for use, is an offence. Schools should have a policy in place for dealing with drug misuse.

Non-Prescription Medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Only over the counter medicine can be given without a pharmacy label.

Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine – **form 3** (see Annex B).

Where a non-prescribed medicine is administered to a child it should be recorded on **Form 5** (see Annex B) and the parents informed. If a child suffers regularly from frequent or acute pain records of date/time should be made and the parents should be encouraged to refer the matter to the child's GP.

A child under 16 should **never** be given aspirin-containing medicine unless prescribed by a doctor.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only to allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day.

Long-Term Medical Needs

If a child's long term medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family. Programmes of study also need to be in place if medical needs equate to long absences.



Individual Health Care Plan

School needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. A written health care plan for such children, involving the parents and relevant health professionals, will be prepared. See **Form 1**.

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary such as **form 3**.

High-Level Medical Needs

Students with high level medical needs at the Iffley Academy are students who are more likely to require a 999 call during the school day. For each of these students a detailed 'profile' has been created. This includes their name and date of birth, an up-to-date photograph, their medical needs and symptoms, any other relevant medical information and information for staff on how to respond in the event of an emergency. The 'profile' also includes contact names and numbers for parents or carers and their GP. This information is contained on the reverse side of a document.

On the front side of this A4 document is the 'Communication Guidelines for a 999 Call'. These are the Iffley Academy guidelines which have been created to give clear guidance to staff in the event of needing to make a 999 call.

This document is intended to be displayed in the student's own classroom - easily accessible. The 'Communication Guidelines for a 999 Call' are displayed on the front, facing out. The detailed, personal profile should be hidden from sight on the reverse-side.

These high level medical profiles have been created in order for us to support these students with their medical needs and to be able to respond quickly and appropriately in a medical emergency.

Parental permission to have this information easily available, accessible (not locked away) - but not visible to other students - have been sought (for GDPR).

Administering Medicines



No child under 16 should be given medication without their parent's written consent. Verbal consent is not acceptable but may be permissible in exceptional circumstances as a one-off while written consent is obtained.

Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting

A written record must be kept – see **Form 5**.

Parents must be told if a child has been unwell at school.

Self-Management

It is good practice to support and encourage children who are able to take responsibility to manage their own medicines from a relatively early age and school should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility, if appropriate.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise them, although their medication will be kept securely by school as detailed in this policy. Parental consent for the child to self-administer will be obtained using form 3.

If children are required to carry their own medication at all times (for example: an asthma inhaler), additional parental consent will be obtained using **form 2**. Parents or carers who wish their child to carry their own medication are responsible for making sure that this medication is in-date and not empty. See **form 2**.

Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. However children could access them for self-medication if it is agreed that it is appropriate.



Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Record Keeping

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required.

The Medical Co-ordinator and school staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

Details of medicines should be recorded on **form 3**. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

Educational Visits

Pupils with medical needs should participate fully wherever possible in visits. School should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might involve the preparation of risk assessments for such children. HSE guidance should also be consulted.

It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.



The Medical Coordinator will advise the Educational Visits Coordinator which pupils have medical issues which may affect their participation in visits, or for whom arrangements/adjustments should be made. Relevant paperwork must be completed to accompany the medication (form 3). Medicines must be kept in a safe place and be easily accessible if required.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

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. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures. Checks should be made of Inhaler use before the lesson begins.

Home to School Transport

Local Authorities arrange home to school transport where legally required to do so. They **must** make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary.

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they **must** receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities. The Local Authority is responsible for informing and training drivers and escorts regarding students' medical needs.

Medicines should preferably be the responsibility of the parents to bring into school. However we are aware that this cannot always be the case and therefore taxi drivers and escorts are permitted to carry medicines and deliver them to reception.

Off-site education or work experience

Work experience placements must be suitable for students with a particular medical condition, and school is responsible for pupils with medical needs who, as part of key stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. Consideration must be given by the Work Experience Coordinator as to whether it is necessary to carry out a risk assessment before a young person is educated off-site or has work experience.

The general suitability of all off-site provision including college and work placements must be assessed by the Work Experience Coordinator in liaison with the Medical Coordinator. This



includes responsibility for an overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

Schools should refer to guidance from DfE, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding (e.g. Increased Flexibility Programme). Generally schools should undertake an overall risk assessment of the whole activity and schools or placement organisers should visit the workplace to assess its general suitability. Responsibility for risk assessments remain with the employer or the college. Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.



SECTION 3

ROLES AND RESPONSIBILITIES

Parents and Carers

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

The Children Act 1989 introduced the concept of parental responsibility. The Act uses the phrase "parental responsibility" to sum up the collection of rights, duties, powers, responsibilities and authority that a parent has by law in respect of a child. In the event of family breakdown, such as separation or divorce, both parents will normally retain parental responsibility for the child and the duty on both parents to continue to play a full part in the child's upbringing will not diminish. In relation to unmarried parents, only the mother will have parental responsibility unless the father has acquired it in accordance with the Children Act 1989. Where a court makes a residence order in favour of a person who is not a parent of the child, for example a grandparent, that person will have parental responsibility for the child for the duration of the Order.

If a child is 'looked after' by a local authority, the child may either be on a care order or be voluntarily accommodated. A Care Order places a child in the care of a local authority and gives the Local Authority parental responsibility for the child. The local authority will have the power to determine the extent to which this responsibility will continue to be shared with the parents. A local authority may also accommodate a child under voluntary arrangements with the child's parents. In these circumstances the parents will retain parental responsibility acting so far as possible as partners of the local authority. Where a child is looked after by a local authority day-to-day responsibility may be with foster parents, residential care workers or guardians.

Parents should be given the opportunity to provide the school with sufficient information about their child's medical needs if treatment or special care needed. They should, jointly with the school, reach agreement on the school's role in supporting their child's medical needs. Sharing information is important if staff and parents are to ensure the best care for a child. They should be involved with the development of the health care plan and ensure they keep all details up to date and provide the relevant medications.

Parents should keep children at home when they are acutely unwell.

Parents are responsible for bringing medication into school with specific written instructions: pupils should not be responsible for bringing medicines into school.

Parents are responsible for updating on medical conditions even if not formally diagnosed to allow judgement to be made with other professionals to ensure the right support is in place.



The Headteacher

The Headteacher is responsible for developing detailed procedures supported by the Medical Coordinator.

Staff must receive proper support and training where necessary.

All parents and all staff should be aware of the policy and procedures for dealing with medical needs and information sharing.

Where parents' expectations appear unreasonable, the Headteacher will seek advice from the school nurse, the child's GP or other medical advisers and, if appropriate, the Gallery Trust.

Teachers and Other Staff

Staff with children with medical needs in their class or group will be informed about the nature of the condition by the Medical Coordinator, and when and where the children may need extra attention. The child's parents and health professionals should provide this information, in liaison with the Medical Coordinator.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover will be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. The Medical Coordinator will keep an up-to-date record of all training received by staff.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Local Authorities

As commissioners of school nurses they have a duty to promote co-operation between relevant partners. Local authorities and clinical commissioning groups must make arrangements for education health and care provision for children and young people with SEN and disabilities. They should provide support and Guidance including suitable training for school staff.

Health Professionals



The main health contact for school is the school nurse. The school nurse will help school draw up individual health care plans for pupils with medical needs, and may be able to supplement information already provided by parents and the child's GP. The nurse will advise on training for school staff on administering medicines and will undertake training.

Every child should be registered with a GP. A GP owes a duty of confidentiality to patients, and so any exchange of information between a GP and a school or setting should normally be with the consent of the child if appropriate or the parent. They should notify the school nurse when a child has been identified as having a medical condition that will require support in school e.g. Epilepsy, Asthma, and Diabetes.

Medical Coordinator

The Medical Coordinator is responsible for the coordination of medical issues and the administration of medicine, through ensuring that appropriate guidance, policies and procedures are followed in connection with pupils' health and welfare.

Specifically:

- To be the first point of contact for parents, staff and agencies on all medical issues
- To be aware of the medical needs of all pupils on roll and ensure that this information is shared and updated regularly with appropriate staff. To ensure that appropriate staff are aware of those pupils who require emergency medication
- To liaise on a regular basis with the School Nurse, ensuring that systems are in place to meet the medical needs of all pupils, and that concerns regarding individual pupils are addressed promptly
- To ensure that all staff are aware of their respective roles in connection with pupils with medical needs, and what to do if a medical emergency occurs
- To work with the relevant Health Care professionals and SENCO to ensure that Individual Health Care Plans are in place to support pupils
- To make recommendations to the Headteacher regarding the need for first aid, administration of medication and emergency medication training to ensure that staff are adequately equipped
- To ensure that the Educational Visits Coordinator and the Work Experience Coordinator is made aware of any medical needs which may require special arrangements to be made during visits. To prepare Risk Assessments with up-to-date medical information for such pupils for teachers and school staff to use when they are planning school trips. To co-ordinate in advance medical support required with parents/carers with relevant paperwork.
- To ensure that the correct procedures are followed with regard to the administration of medication, and that the correct consent forms are used



- To take charge of the medicine cabinet(s) and ensure that medicine is stored safely, to liaise with parents so that medication is kept in date, transported properly to school via the parent and taken home by the parent and disposed of safely.
- To report any concerns relating potential breaches of the Disability Discrimination Act to the Headteacher
- To keep clear and current records, and to provide reports when required
- To ensure that medical information is treated confidentially
- To ensure sufficient staff are suitably trained and records kept for ease of reference. The right number of staff must be trained to cope with absence and staff turnover.



SECTION 4

DEALING WITH MEDICINES SAFELY

Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH). No child under 16 is to be given Aspirin.

Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been given to school by the child's parents or carers with written permission (or one-off verbal consent if this is not possible). Prescribed medication must be in its original packaging with the prescription label. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Medication should be stored in a secure place in a container for that individual child. The container should have the student's name on the outside box and lid. The box should contain the medication, and a copy of form 3 and form 5 - correctly filled in and signed. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored. The Medical Coordinator is responsible for making sure that medicines are stored safely and they are in date. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and if in a locked cupboard there should be easy access to the keys via staff. Children need to have immediate access to their medicines when required. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. Other non-emergency medicines should generally be kept in a secure place not accessible to children.

A few 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 medicines.

Disposal of Medicines

Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services or in person by parents.

Hygiene and Infection Control



All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Yellow clinical waste bags are available in school for disposal of first aid dressings or equipment which can be put in the general waste when required.

Emergency Guidance

Pupils should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. Guidance on calling an ambulance is outlined on the 'Communication Guidelines for a 999 Call' which is on display in classrooms and outside school offices. Any member of staff can make a 999 call. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.



SECTION 5

TRAINING AND SHARING INFORMATION

Coordinating Information

Coordinating and sharing information on an individual pupil with medical needs on a day to day basis is the responsibility of the Medical Coordinator.

Staff Training

Staff should not give medicines without certified First Aid training and relevant drug training e.g.: Epipens/Buccal. The Medical Coordinator will ensure that staff administering medicines have appropriate training and that it is up to date and that an accurate log is kept. Training should ensure staff are confident and competent.

Confidentiality

Staff should always treat medical information confidentially. The head should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Transition

When students transfer from other schools the medical co-ordinator will liaise with the Iffley Academy SEN team and/or parents/carers and the school nurse, if required. Medical requirements should be understood before students join the academy so the appropriate support can be put in place.

SECTION 6

OTHER

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits 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; or 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 or medical room 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 pupils from drinking, eating or taking toilet 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 working because the school is failing to support their child's medical needs; or
- prevent children 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.

Liability & indemnity

Iffley Academy is a member of the Department for Education's Risk Protection Arrangement (RPA). The RPA will provide an indemnity (under Third Party Liability section to an unlimited level) if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury in connection with the provision of medicines or medical procedures. Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

Complaints

Should parents or pupils be 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. 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.



ANNEX A: FORMS and Documents

Emergency planning: 'Communication Guidelines for a 999 Call'

Controlled medication:

- DfE IHCP
- School IHCP

Form 1: Healthcare Plan

Form 2: Request for child to carry his/her own medicine

Form 3: Parental agreement for school/setting to administer medicines

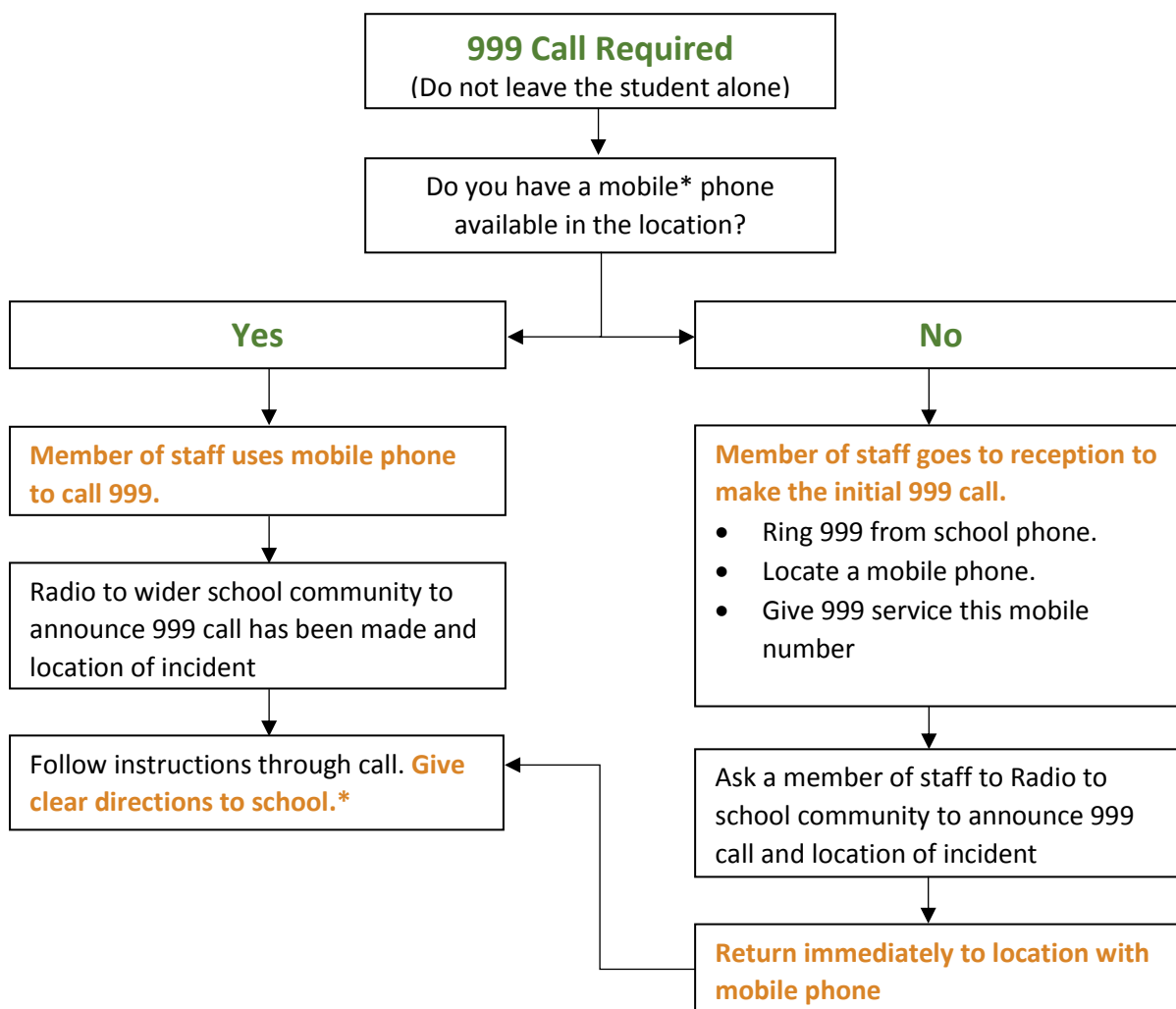
Form 4: Record of medicine for controlled medication administered to an individual

Form 5: Record of medicine administered to an individual

Communication Guidelines for a 999 Call

To ensure contact has been made with the emergency services

Any member of staff can make a 999 call. Do not rely on radio contact. Ensure communication throughout the incident is consistent. (One person needs to oversee the whole procedure, can swap in and out of role as required.)



Dynamically risk assess and consider the roles below:

1st Responder: First aider (or most appropriate member of staff) stays with student and works through first aid response - DRAB – Danger/Response/Airway/Breathing.

2nd Responder: Makes 999 call (provide: phone no; name of patient and date of birth)

3rd Responder: Stays in the area and assists as required by the 1st/2nd responder and radios for more assistance if required or moves other students out of vicinity.

***Give clear directions to school for ambulance:** The Iffley Academy Iffley Turn, Oxford, OX4 4DU (Turn down Augustine Way off Iffley Turn, sign posted to Iffley Academy, then turn to the left and round into carpark.

School phone number: 01865 747606

*use of mobile phone permitted for 999 calls

Individual Healthcare Plan

This form is to be completed by school staff in conjunction with the child/young person and/or their parents or carer. Advice from the School Health Nurse can be sought in completion of this form if needed.

DETAILS:

Childs Name:	
Date of Birth:	
School Name:	Iffley Academy
Year group/ Class:	
Home Address:	
Medical Diagnosis/ Condition:	ADHD

CONTACT DETAILS:

Name:	
Relationship to child:	
Telephone:	

Name:	
Relationship to child:	
Telephone:	

GP AND CLINIC DETAILS

GP Name:	
Address:	
Telephone:	
Consultant/Clinic/Hospital Details (if applicable):	
Address:	
Telephone:	

DESCRIBE MEDICAL NEEDS AND DETAILS OF CHILD'S SYMPTOMS:

- **HYPERACTIVITY:** fidgety and 'on the go'
- **IMPULSIVENESS:** act before they think
- **INATTENTIVENESS:** short attention span

DAILY CARE REQUIREMENTS (e.g before lunch/after sport etc. State any medication that is required to be taken during the school day and whether this will be stored and administered by the school or the pupil):

Describe what constitutes an emergency for the child and any action to be taken:

Follow up care:

State who is responsible in the case of an emergency (state if different if off school site):

Any first aid trained member of staff

Form completed by:

Name:	
Signed:	
Date:	

Name:	
Signed:	
Date:	

Name:	
Signed:	
Date:	

REVIEW DATE:

Individual healthcare plan for student requiring Methylphenidate at school

Name of school/setting	The Iffley Academy
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	ADHD
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

- HYPERACTIVITY: fidgety and 'on the go'
- IMPULSIVENESS: act before they think
- INATTENTIVENESS: short attention span

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

- METHYLPHENIDATE
- STIMULANT: prescribed controlled drug
- calmer, more focused and less impulsive
- Creates a 3 - 4 hour 'window of opportunity' in which to learn to control behaviours
- SIDE EFFECTS: reduced appetite: give with or after meals
wakefulness: give last dose around midday

Daily care requirements

VOLUNTEER REQUIREMENTS

- Receive and sign for the medication
- Store tablets in locked, non-portable area
- Daily check name, expiry date and dosage
- Prompt and administer the medication
- Record all medication given and incidents
- Return un-used medication to parents

Specific support for the pupil's educational, social and emotional needs

- Staff to observe for difficulty forming or maintaining friendships which may lead to a sense of isolation and / or low self esteem

Arrangements for school visits/trips etc

Refer to DfE (2014) Supporting pupils at school with medical conditions

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Parents to be informed of any side effects noted by school staff

Who is responsible in an emergency (*state if different for off-site activities*)

Any first aid trained member of staff

Plan developed with

SHN to complete

Staff training needed/undertaken – who, what, when

Refer to DfE (2014) Supporting pupils at school with medical conditions

Form copied to

SHN to complete

The Iffley Academy

FORM 1 - Healthcare Plan

Child's name _____

Group/Class/Form _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name _____ Name _____

Phone No. _____ Phone No. _____

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:

The Iffley Academy

FORM 2

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Child's Name: _____

Group/Class/Form: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in an
emergency: _____

Contact Information

Name: _____

Daytime Phone No: _____

Relationship to child: _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.
I agree that I (the parent or carer) am responsible for checking that the medication is in-date and not empty.

Signed: _____ Date: _____

If more than one medicine is to be given a separate form should be completed for each one.

The Iffley Academy

FORM 3

Parental agreement for The Iffley Academy to administer medicine

(One form should be completed for each medicine.)

The Iffley Academy School will not give your child medicine unless you complete and sign this form.

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name/Strength of medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by [*name of member of staff*]: _____

Dosage and method: _____

Timing: _____

Special Precautions: _____

Number of tablets/quantity given to school: _____

Are there any side effects that the school/setting needs to know about?: _____

Self-Administration: Yes/No (with adult supervision)

Procedures to take in an Emergency: _____

Date to cease medicine: _____

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

I understand that I must deliver the medicine personally to _____ [agreed member of staff] and accept that this is a service that The Iffley Academy School is not obliged to undertake.

I understand that I must notify The Iffley Academy School of any changes in writing.

Date: _____

Signature(s): _____

Relationship to child: _____

