



Marches Academy Trust

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# Supporting pupils with medical conditions Policy

Management and Administration of Medicines in School

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# 1. Aims

Marches Academy Trust (the Trust) is committed to ensuring that all pupils with medical conditions can access and enjoy the same opportunities at any of the Trust's schools as any other pupil and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are supported to allow them to access the same education as other pupils, including school trips and sporting activities.

Each Trust school will implement this policy by:

- Making sure sufficient staff are suitably trained;
- Making staff aware of pupil's condition, where appropriate;
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions; and
- Ensuring individual healthcare plans are developed and monitored (IHCPs).

**The designated role with responsibility for implementing this policy is the Operations Manager and SENCo.**

# 2. Definitions

Children's medical needs may be broadly summarised as being of two types:

- (a) Short-term: affecting their participation in school activities whilst they are on a course of medication.
- (b) Long-term: potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Medicines are defined as being any drug or remedy such as tablets, ointments, creams, liquids and inhalers, prescribed by a medical professional for treating, preventing or alleviating symptoms or for remedial effect upon the body.

# 3. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting students at school with medical conditions](#).

## **4. Roles and responsibilities**

The person with overall responsibility for this policy's implementation is currently the Chief Executive Officer, working with the Headteacher and their staff at each school. Line managers are responsible for the Medical Room/First Aid provisions at each school, and the Special Educational Needs and Disability Co-ordinator (SENDCo) at each school, are responsible for Education, Health and Care Plans (EHCP) and Individual Health Care Plans (IHCP) and supporting this at child level.

### **4.1 The Local Governing Body**

The Governing Body will hold the Headteacher to account for the implementation of this policy.

### **4.2 The Headteacher will:**

- Ensure all staff are aware of this policy and understand their role in its implementation;
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations;
- Ensure that information regarding an individual pupil's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need to know basis;
- Ensure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- Contact 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;
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date;
- Ensure that, where required, risk assessments consider any additional hazards posed to individual pupils because of their medical conditions; and
- Be responsible for the overall development and monitoring of Individual Healthcare Plans (IHCP) at their school.

### **4.3 Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will consider the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must be updated on medical conditions every term.

### **4.4 Parents and Carers will:**

- Provide the school with sufficient and up-to-date information about their child's medical needs;
- Be involved in the development and review of their child's IHCP with the SENCo and should be involved in its drafting;

- Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment; and
- The parent/carer holds responsibility for ensuring any medication held in school is within expiry date and replenished before such medication will expire.

#### **4.5 Pupils**

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 their IHCP's. They are also expected to comply with their IHCP. It is the pupil's responsibility to ensure that they follow the guidance given by any health care professional to support their medical needs

#### **4.6 School nurses and other healthcare professionals**

- The Local Authority School Health Advisor/Nursing Team work collaboratively with the SENCo to provide additional medical support within school.
- All Care Plans remain the responsibility of the Local Authority School Health Advisor/Nursing Team, with administrative support provided by the school.
- Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school.
- Healthcare professionals, such as GPs and paediatricians, may liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

#### **4.7 Providers of health services**

Providers of health services should cooperate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals, such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

### **5. Procedure to be followed when notified that a child has a medical condition**

For children starting at a new school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis, or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In cases where a child's medical condition is unclear, or where there is a difference of opinion, SENDCOs will make judgements about what support to provide, based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

### **6. Unacceptable Practice**

Although school staff should use their discretion, and judge each case on its merits with reference to the child's EHCP, or IHCP and/or PEEP, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers, or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their EHCP, or IHCP and/or PEEP;
- (if the child becomes ill) send them to the school office or Medical Room/First Aider 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 children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, 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, eg by requiring parents/carers to accompany the child.

## **7. Return to school after break/fracture/ligament injury**

### **Protocol for accepting pupils back into school whilst on crutches or with broken/fractured bones or similar injury.**

Prior to a pupil returning to school the parent/carer will be required to contact reception and arrange a risk assessment reintegration meeting with the Operations Manager or SENCo.

Each school within our Trust will require information detailing what injury has been sustained, and any further relevant information linked to the injury, before accepting responsibility for a pupil with a break or fracture or in a sling, cast/boot or on crutches.

**Tutor/Head of Year must inform Operations Manager/SENCo of any pupil presenting with injury for the completion of a risk assessment.**

The following must be discussed/explained:

- Completion of **Reintegration medical form and discuss risk assessment in Appendix D**;
- Movement between lessons;
- Medication if required – authorisation form to be completed and signed and storage of medication explained;
- Arrival to and collection from school arrangements;
- Check of emergency contact details;
- Follow up appointments noted and review date of risk assessment;
- Emergency procedures in case of fire alarm etc;
- Timetable and location of lessons;
- Break and lunch arrangements – access to Learning Support, if required; and

- Use of stairways and deciding when pupil is competent to access them.

In terms of health and safety within lessons the classroom teacher will decide as to whether an injured pupil can access practical activities. A generic risk assessment, where required, detailing health and safety issues will be shared with the parent/carer and pupil. The Headteacher will make any final decision as to whether return to school is appropriate.

### **If a pupil has a break or fracture -**

School will not accept responsibility for further injury resulting from the increased risk.

## **8. Long and short-term medication in school**

It is preferable for the parents/carers to undertake the responsibility by supervising personally the taking of the medicine by their child out of school. The following guidance is offered for cases where parents/carers cannot reasonably be expected to supervise or administer medicines themselves at home and need support from school for medication to be taken during school hours.

Prescription and non-prescription medicines will only be administered at school:

- when it would be detrimental to the pupil's health or school attendance not to do so; **and**
- where we have parents' written consent.

### **Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor**

A pupil must only be given medication that has been brought to school by a parent/carer who has completed a long/short-term medication form on reception.

The school will only accept prescribed medicines that are:

- In-date;
- Labelled with name of patient; and
- Provided in full, in the original container, as dispensed/provided by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container.

All medicines will be stored safely. Pupils will be informed about where their medicines are stored and know how to access them. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. Medication will be stored in each school's Treatment Room. Pupils can be supported by the receptionist, SENCo, Access Leaders and First Aiders.

Arrangements for school trips will be agreed in advance.

Any unused, out of date or surplus medication will be returned to the parent/carer. If they remain uncollected they will be returned to the pharmacy after three months out of date or if the pupil is no longer on the school roll.

### **6.1 Pupils managing their own needs.**

Pupils will be encouraged to take responsibility for managing their own medicines and procedures.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will inform parents so that an alternative option can be considered, if necessary, or follow the procedure agreed in the IHCP. Written records are kept of all medicine administered to pupils.

Medicines or drugs prescribed or not prescribed must not be brought into school without prior permission from the SENCo or the Headteacher.

- There may be circumstances where the only reason that the child is not attending school is the need for medicines to continue until a course or dosage is finished or where medicines or medical procedures are necessary on a long-term basis to sustain the child's health. In these circumstances, parents/carers may request that medicines be stored in school by completing a 'short / long term medication in school' (detailed in Appendix E (ii) for antibiotics/short term painkillers e.g. Paracetamol).

In some cases, the SENCo or Data and Exams Administrator may identify it necessary to meet with the family and/or set up an Individual Healthcare Plan for complex conditions. Specific protocols to deal with individual pupils' medical conditions such as anaphylaxis, asthma, epilepsy, and diabetes will be detailed in the IHCP. See section 9 and appendices A, B & C.

## **6.2 Circumstances in which requests to administer medication in school may be made**

- Short term illness/acute complaints; or
- Long term illnesses/chronic complaints.

### ***Further information on long term conditions***

A long-term complaint is a chronic condition which is likely to require the taking of medication by the child or the use of medical procedures over a prolonged period: For example: Asthma, Diabetes, Epilepsy, Eczema, Anaphylaxis.

This will either be in:

- a) regular known amounts or
  - b) varied amounts depending upon the severity of the condition on a particular day.
- If the child has a long-term illness, which is likely to require emergency procedures to be adopted, then a written procedure should be determined in advance, by medical professionals and staff trained to support as required. Such procedures should always be subject to medical advice.
  - The procedure for producing Individual Health Care Plans is outlined in **Appendix A** as a Flow Chart.

**The school does not accept responsibility for the administering of medication, dosage amounts, frequencies, timings, unless specifically agreed and identified within the IHCP.**

If the school is of the view that the child is of sufficient age and maturity to self-administer varied amounts of medicines, then this should be permitted subject to agreement with parents/carers e.g. asthma inhalers, EpiPen's, insulin pen or pump.

**ASTHMA** - Parents should supply school with a spare inhaler and a spacer to be kept at school in case of an asthma attack. An asthma inhaler is a life saving device and must be provided no matter how mild the asthma condition is.

**DIABETES** - Every child will have been issued with a treatment pack by the hospital using the format of the British Diabetic Association and parents must make this pack available to the school as it will detail all of the child's needs.

**EPILEPSY** - Pupils with epilepsy will not be isolated or stigmatised and will be allowed to take a full part in the school curriculum and school life, including activities and school trips (day and residential). Parents and staff will discuss any special requirements prior to such events. Staff will

consider the adjustments necessary to enable the pupil to participate fully in school life and to reach their full potential. This might include changes to timetables, exam timings and coursework deadlines. These adjustments will be recorded and shared with other appropriate members of staff.

**AUTO INJECTORS** - Parents are requested to supply school with a spare auto-injector (e.g. EpiPen, Jext, Emerade) to be kept in school in case of an emergency. The parent/carer holds responsibility for ensuring the auto-injector held in school is within expiry date and replenished before it will expire.

### **6.3 Taking medication in school in practice- further guidance.**

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, if one is in place.

- Pupils should be able to easily access their inhalers and EpiPen's in case of emergency.
- Be aware of the views of the pupil/parents (although this may be challenged).
- Be aware of medical evidence or opinion (although this may be challenged).
- Specify in their IHCPs what alternatives should happen if a pupil has not had or refuses to take their medication in school as planned.
- If the pupil becomes ill contact reception who will organise a first aider.
- The Trust will not penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments, however the absence is identified and recorded.
- Pupils should have a toilet/lunch pass from Learning Support if the pupil requires to eat or take toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- In rare cases it may be necessary to administer paracetamol or ibuprofen. In which case SENCo or Operations manager must be consulted. On these occasions parents must be contacted in advance and consent received verbally and preferably followed by written email /text confirmation.

## **9. Individual healthcare plans (IHCP) for complex health needs and emergency care**

Each IHCP for pupils with medical conditions will set out what needs to be done, when, how and by whom. The Headteacher has overall responsibility for the development of IHCPs and this is delegated to SENCo supported by Local Authority healthcare professionals.

Plans will be developed with the pupil's best interests in mind and be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

IHCPs will be linked to, or become part of, any special educational needs (SEND) or education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHCP.

When completing the IHCP, the following requirements must be met:

- Clear written instructions are to be provided by the parent/carer preferably supported with medical advice e.g. letter from child's GP, letter from consultant or supervising nurse from hospital.
- Any medication should be delivered to school by a parent/carer who should provide indemnity by completing form Appendix E (ii) or (iii) (before administration begins).
- There needs to be an understanding within school, by the pupil and all relevant adults about the procedures to be adopted, when administering medication in school.
- Medication will be stored securely depending upon storage instructions and away from children.
- The parent/carer holds responsibility for ensuring the medication held in school is within expiry date and replenished before such medication will expire.
- Dosages will be recorded in written form with time/date and amounts and retained for future reference.

The IHCP will be presented to the parents for approval prior to its implementation to ensure each school holds accurate information about the medical condition of any pupil with long-term needs.

## 10. Day trips, residential visits and sporting activities

IHCPs will address the needs of off-site educational visits and school sport.

If a pupil attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.

All pupils requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication.

Teachers should be aware of how a child's medical condition will impact on their participation but there should be enough flexibility for all children to participate, according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of children in such activities with any adjustments as required, unless evidence from a clinician such as a GP states that this is not possible, or the level of adjustment required is not reasonable or practicable.

In line with best practice, the school will carry out a risk assessment, so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents/carers and children, and advice from the relevant healthcare professional, to ensure that children can participate safely. It will also take into account children's ability to self-medicate, and their general health in the lead-up to the trip.

Asthma inhalers – regulations have now changed, schools can hold asthma inhalers for emergency use. This is entirely voluntary.

## 11. Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A child 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 child for use is a serious offence. Otherwise the school will keep controlled drugs that have been prescribed for a child securely stored in a non-portable container and only named staff will have access.

Controlled drugs will need to be accessible by named staff in the event of an emergency and a record of any doses used and the amount held will be kept. Any surplus or out of date drugs will be returned to parents at the end of the school year.

## 12. Emergency procedures

When a child becomes suddenly ill or has an accident, action will need to be immediate, in such cases:

- Appropriate first-aid should be administered if possible by trained first-aiders;
- Dial 999 – request ambulance;
- Inform parents/carers; and
- Refer to Care Plans and/or Individual Health Plans for known cases for a child with a life-threatening illness.

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

## 13. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. They will be given an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Medical needs will be identified during the development or review of EHCP, or IHCP and/or PEEP. Some staff may already have some knowledge of the specific support needed by a child with a medical condition, and so extensive training may not be required. Staff who provide support to children with medical conditions will be included in meetings where this is discussed.

A First Aid certificate does not constitute appropriate training in supporting children with medical conditions.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the SENCo/Operations Manager. Training will be kept up to date and will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
- Fulfil the requirements in the IHCPs.
- Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

**Staff will not give prescription medicines, or undertake health care procedures without appropriate training (updated to reflect any EHCP, or IHCP and/or PEEP).** This should be done via Medical Room/First Aid staff.

All staff will receive annual updates on anaphylaxis and asthma training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs.

Arrangements for whole school awareness training, so that all staff are aware of the Trust's policy for supporting children with medical conditions, and their role in implementing that policy, will be clear. Information will be shared through internal emails and staff briefings, and will include induction arrangements for new staff.

## **14. Record keeping and confidentiality**

Medical records, Care Plans and Individual Healthcare Plans should be made available to significant adults in the school. Medical information about Individual children is stored on the school's Management Information System (MIS) Arbor, pinned to the top of the pupil's profile page. Health Care Plan, paper copies are stored in the SENCo's locked office and in the school emergency evacuation folder.

## **15. Liability and indemnity**

The Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The details of the school's insurance policy are:

- The establishment of clear school procedures based on the advice contained within this document helps protect the employer and its employees from being held to be negligent should a pupil's health suffer as a consequence of medication administered or medical procedures adopted.
- Negligence is based on the premise that all individuals owe a duty of care to their 'neighbour'. Staff must therefore follow carefully the procedures contained in this guide which should enable demonstration that the duty of care which they owe to the person receiving medication has been discharged.
- Unless the requirement to administer medicines is included in an employee's Contract of Employment, participation in the arrangements provided for in this document will be on a voluntary basis.
- The RPA public liability insurance arrangements provide an indemnity, to those employees whilst carrying out their duties, this includes volunteers in so far as they have been asked to undertake such duties on behalf of the Marches Academy Trust, in respect of claims for personal injury for which legal liability can be established as a result of administration of medicines or use of medical procedures.

## **16. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the SENCO in the first instance. If the SENCo cannot resolve the matter, they will direct parents to the Headteacher via the school's complaints policy.

## **17. Monitoring arrangements**

This policy will be reviewed annually, or earlier if there is significant change to practice as stated in this policy.

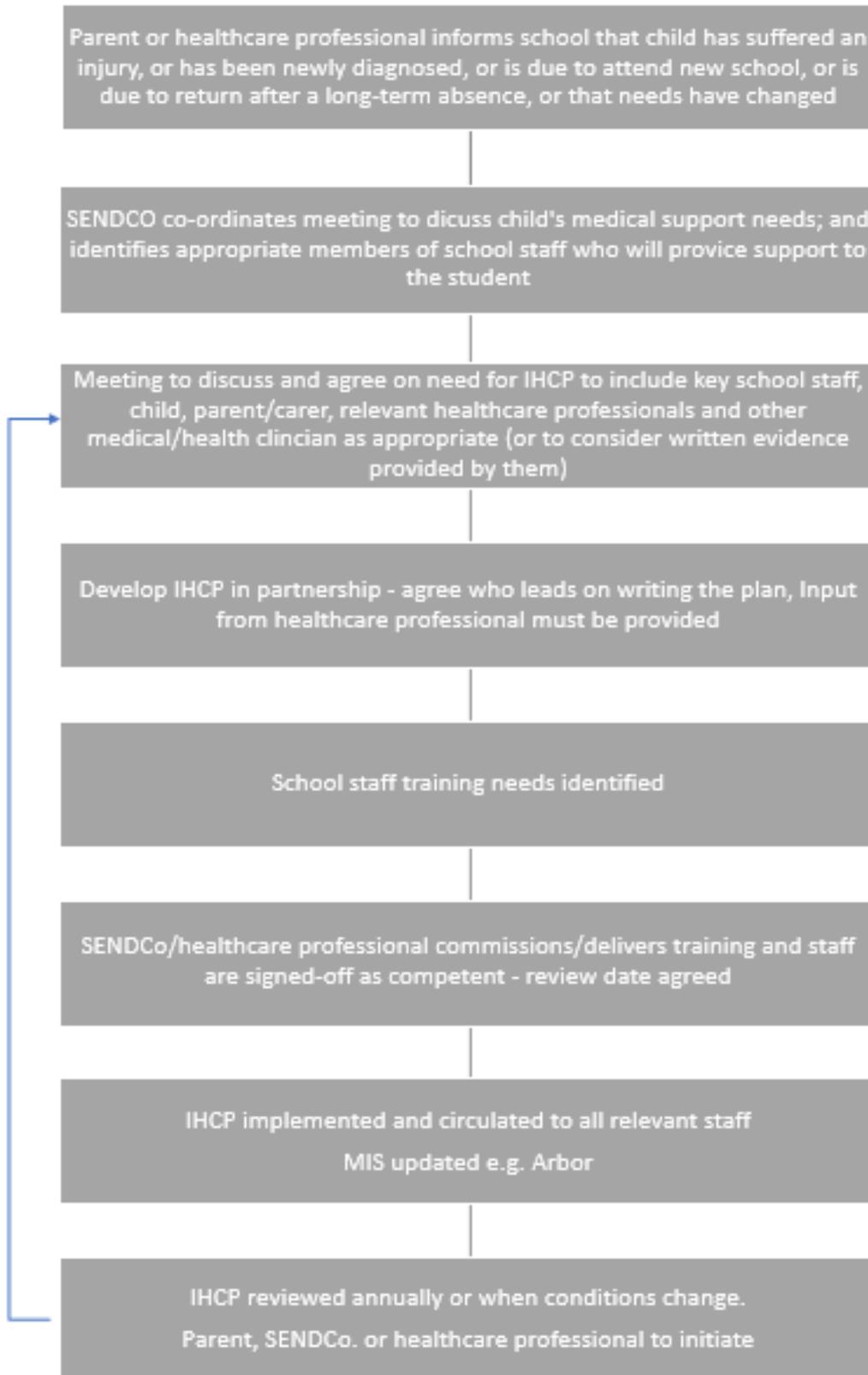
## **18. Links to other policies**

This policy links to the following policies:

- First Aid Policy.
- Health & Safety Policy.
- Safeguarding and Child Protection Policy.
- Educational Visits.
- Intimate Care Policy.

## 19. Appendix A – Process for developing individual healthcare plans (IHCP)

### Process for developing individual healthcare plans (IHCP)



## **20. Appendix B - Information recorded on an EHCP, or IHCP and/or PEEP:**

- The medical condition, its triggers, signs, symptoms and treatments.
- The child's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the child's educational, social and emotional needs; for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role, and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- Cover arrangements and who in the school needs to be aware of the pupil's condition and the support required including supply staff;
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the child during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parents/carers/child, the designated individuals to be entrusted with information about the child's condition.
- Procedures in the event of the pupil refusing to take medicine or carry out a necessary procedure.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an EHCP, or IHCP and / or PEEP prepared by their lead clinician that could be used to inform development of their EHCP, or IHCP and / or PEEP.



## 21. Appendix C - Individual Health Care Plan (IHCP)

Name of School	
<b>Child's name</b>	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date completed	
<b>Review Date</b>	
Name of person responsible for providing support in school	
<b>Family Contact Information</b>	
<i>Name/relationship to child</i>	
Phone number (work)	
Phone number (home)	
Mobile	
<i>Name/relationship to child</i>	
Phone number (work)	
Phone number (home)	
Mobile	
<b>Clinic/hospital contact details</b>	
Name	
Phone number	
<b>GP Details</b>	
Name	
Phone number	



## Individual Health Care Plan (IHCP) continued

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.
Name of medication, dose method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision
Daily care requirements
Specific support for the pupil's education, social and emotional needs
Arrangements for school visits/trips, etc.
Other information
Describe what constitutes an emergency and the action to take if this occurs
Who is responsible in an emergency ( <i>state if different for off-site activities</i> )

Plan developed with	
Staff training needed/undertaken – who, what when?	
Form shared with	

## 22. Appendix D – Reintegration Form

<b>DETAILS OF STUDENT (attach timetable)</b>			
Student Name:			
Year Group and Form:			
Condition of Illness:			
Injury:			
Parent/Carer Name:			
Relationship to student:			
Planned hospital appts.:			
Evidence provided	<b>YES</b>	<b>NO</b>	
Medical recommendation regarding movement between lessons and navigation of stairwells:			
Expected duration of impairment/condition			
Planned arrangements for movement around the school			
Provisions for unstructured times e.g. break, lunch periods:			
Time of arrival:		Time of departure:	
Assessment by:		Position:	
Assessment date:		Review date:	
<b>It is the student's responsibility to follow the above guidelines.</b>			
<i>I (parent/carer) confirm that I agree to the above actions and I have also read and agreed to the generic risk assessments that have been put in place, whilst my child is on medical reintegration at [Insert School]</i>			
Parent/Carer Signature:			
Date:			

Reintegration Form continued...

<b><u>MEDICATION</u></b>	
Name/Type of medication	
Dosage	
Timings of medication	
Duration	
Review Date	
Parent / Carer Signature	
Date	

***This section should be completed for anyone who requires assistance with any respect of emergency evacuation.***

Date of PEEP:			
Date to be reviewed:			
PHOTO	Name of student:		
	D.O.B.:		
	Tutor group:		
	Location of tutor group:		
	Tutor:		
PEEP lead at school:			
Persons involved in developing PEEP:			
<b>Consider</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Does the student use more than one location throughout the day?			
Does the student have difficulty identifying or reading emergency exit signs?			
Does the student experience difficulty hearing the emergency alarm			
Is the student likely to experience difficulty when independently travelling to the nearest emergency exit?			
Does the student experience difficulty using stairs?			
Is the student dependant upon a wheelchair or mobility aid for walking?			
If the student uses a wheelchair, do they have difficulty transferring from this without assistance?			
<b>How is the student alerted of an emergency evacuation?</b>			
<b>Provide details of the Exit Route Procedure:</b>			

<b>Provide details of persons designated to assist the student during the evacuation and the nature of assistance to be provided by each person:</b>		
<b>Provide details of the methods of assistance (e.g. transfer procedures and methods)</b>		
<b>Provide details of equipment to be used during evacuation (<i>include details of where this is stored</i>)</b>		
<b>Final Check by Competent Person – Operations Manager</b>	<b>Yes</b>	<b>No</b>
Have the routes been travelled by the student and the designated assistant?		
Has the equipment detailed been tried and tested?		
Have any issues been satisfactorily resolved?		
Has a copy of this form been sent to the person responsible for the emergency evacuation procedure within the school setting?		
Have all relevant staff/systems been informed of these arrangements e.g. HoY, Tutor, Teachers, Arbor		
<b>Declarations</b>		
<b>I am aware of the emergency evacuation procedures and agree with the plan set out in this document</b>	<i>Signature of parent/carer</i>	
<b>I will ensure that all relevant staff are aware of and will practice the emergency evacuation procedure outlined in this plan on a regular basis</b>	<i>Signature of Headteacher</i>	
Copies of the Personal Emergency Evacuation Plan will be held:		
<ul style="list-style-type: none"> <li>• On the student’s individual record</li> <li>• By the Operations Manager (Responsible for Fire Safety)</li> <li>• By the Tutor</li> <li>• By the designated Assistant</li> <li>• In the Fire Log</li> </ul>		



## 23. Appendix E - Parental agreement form to administer medication

### PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION OR NONPRESCRIPTION MEDICINE

<b>Name of School</b>	
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#### Notes to Parent / Guardians

Note 1: This school will only give your child medicine after you have completed and signed this form.

Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (e.g.: sealed blister pack) for non-prescribed medicine.

Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your pupil.

#### Medication details

Date	
Pupil's name	
Date of birth	
Group/class/form	
Reason for medication	
Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to ... <i>[name of staff]</i> ...	
Time limit – please specify how long your pupil needs to be taking the medication	_____ day/s _____ week/s

I give permission for my child to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No / Not applicable
I give permission for my child to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my child to carry their own asthma inhalers and manage its use	Yes / No / Not applicable
I give permission for my teenage child to carry their adrenaline auto injector for anaphylaxis (epi pen)	Yes / No / Not applicable



I give permission for my child to be administered the emergency adrenaline autoinjector held by the school in the event of an emergency	Yes / No / Not applicable
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### PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION OR NONPRESCRIPTION MEDICINE

I give permission for my child to carry and administer their own medication in accordance with the agreement of the school and medical staff	Yes / No / Not applicable
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#### Details of Person Completing the Form:

Name of parent/guardian	
Relationship to pupil	
Daytime telephone number	
Name and phone number of GP	
Agreed review date to be initiated by [named member of staff]	

- I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the school to administer the medicine to my child.
- I confirm that the medicine detailed is in the original packaging (in the case of non-prescription medication).
- 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. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies. I understand uncollected supplies may be disposed of by the school.

The above information is, to the best of my knowledge, accurate at the time of writing.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent/Guardian/person with parental responsibility)

#### Log of Medicines Administered

Date	Time given	Dose given	No of pills remaining	Staff Name	Problems/side effects
Parent informed of use of emergency inhaler?					
Parent informed of use of emergency AAI					

**Document Control**

Policy Owner	Operations Managers & CFOO
Scope	All staff, Trustees and Governors
Last Updated	July 2021
Effective from	July 2021
Next planned reviewed date	September 2022
Status	Approved
Date of approval	Approved by ELT on 07.07.21, reviewed by CFOO November 2021
Summary of last revision	Adoption of new policy
Related Policies/Documents	<ul style="list-style-type: none"><li>▪ Health &amp; Safety Policy.</li><li>▪ Safeguarding and Child Protection Policy.</li><li>▪ First Aid Policy.</li><li>▪ Educational Visits.</li><li>▪ Intimate Care Policy.</li></ul>
Policy control survey	Please complete this survey and provide feedback if you have had to use this policy <a href="https://forms.office.com/r/HMeZtB29Si">https://forms.office.com/r/HMeZtB29Si</a>