

The Boston Witham  
Academies Federation

# Supporting Learners with Medical Conditions

September 2020

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## Contents

Policy

## Appendices

1. Individual Healthcare Plan – Form M1
2. Generic Asthma Care Plan- Form M2
3. Medication Consent and Administration Log- Form M3
4. Medication Administration Log (HHA Paracetamol)-  
Form M4
5. Medication Administration Log (Controlled Substances)-  
Form M5
6. Alternative Medical Provision Contact Log- Form M6
7. Reduced Timetable Request Form- Form M7
8. Sign out sheet for Controlled Substances- Form M8
9. Staff Training/ Supervision Requirements

## Introduction

The Trust recognises the importance of supporting our learners who have medical conditions, as poor management and understanding of these, often life-long, conditions can have a detrimental effect on their education and, more importantly their long-term health.

On September 1<sup>st</sup> 2014, a new duty came into force for governing bodies and academies to make arrangements to support learners in schools with medical conditions.

The Board of Directors is committed to ensuring that all learners with medical conditions can access and enjoy the same opportunities at any of the Trust's academies as any other learner and to ensuring that they are able to play a full and active role in academy life, remain healthy and achieve their academic potential.

Directors will also ensure that the Trust academies implement and maintain effective management systems for the administration of medicines to all learners in their care in order to provide support to individual learners with medical needs.

### Aims

The aims of this policy are:

- To set out the roles and responsibilities in relation to managing medical conditions in the academies
- To lay out the statutory responsibilities related to the Equality Act (2010) which identifies specific conditions as being a recognised disability
- To detail the procedures for implementing the training needed to support learners with medical needs
- To detail how Individual Healthcare Plans will be implemented for learners with specific levels of medical need.
- To specify the support we offer to learners with medical conditions and how we ensure their inclusion in all aspects of academy life
- To detail the role of the parents and the learner in developing appropriate support in the academy.
- To ensure that the social and emotional impact of having a medical condition is considered by all parties.
- To specify how reduced timetables and accessing alternative provision may be utilised where learners have long-term or particularly challenging conditions which prevents them from accessing school regularly.

This document relates and refers directly to the following statutory documents:

- Supporting Learners at School with Medical Conditions (DFE: Dec 2015)
- The Equality Act (Gov:2010)
- The Code of Practice for Special Educational Needs (DFE: Jan 2015)
- The Children and Families Act (Gov: 2014)
- Education Act (Gov: 2002)
- The Children Act (Gov: 1989)
- The Children Act (Gov: 2004)
- The NHS Act (DfH:2006)
- The Health and Safety at Work Act (Gov:1974)
- Misuse of Drugs Act (Gov:1971)
- The Medicines Act (Gov:1968)
- School Premises Regulations (Gov:2012)
- Education Act (DFE:1996)

This policy should be read in conjunction with:

- Special Needs and Disability Policy
- Health and Safety Policy
- Safeguarding Policy
- Special Educational Needs Information Report
- Accessibility Plan
- First Aid Policy
- Equality and Diversity Policy
- Intimate Care Policy

### **Definition of a Medical Condition**

A medical condition is any condition or difficulty which a medical professional has identified (although a diagnosis is not needed).

It is better to assume there is a condition rather than doubt it until confirmation has been received.

Not all medical conditions require medication as some will be managed by the use of physical resources or adaptations to teaching or the environment.

It is the legal duty of the academy to make reasonable adjustments for a learner with a disability.

### **Definition of Disability (Taken from the Equality Act 2010)**

A person has a disability if-

- (a) They have a physical or mental impairment and
- (b) The impairment has a substantial and long-term (12 months or more) adverse effect on their ability to carry out normal day-to-day activities

Therefore the following conditions are considered to be examples of disabilities protected by law under the Equality Act (2010)

- Dyslexia
- Autism
- Cancer
- Visual Impairment
- Multiple Sclerosis
- HIV
- Severe long-term disfigurement- facial scarring or skin disease
- Asthma
- ADHD

This list is not exhaustive but provides a broad range of examples protected by the act.

Some learners who have a medical condition have a disability and vice versa but this is not always the case.

Not all learners who have a disability will require all of the support offered under the medical conditions policy.

Not all learners who have a disability have a Special Educational Need.

### **Policy Statement**

### **Responsibilities**

Directors have overall responsibility for the implementation and review of this policy.

The Directors must:

- ensure that the Trust-wide policy for Supporting Medical Conditions is implemented and reviewed annually
- ensure the Headteachers/Executive Headteachers for each academy has been fulfilling its duty with regards to the policy
- ensure that an appropriate level of liability cover is in place; including where specialist procedures are required.
- ensure that all academies have due regard for the legislation on which the policy is based.
- maintain an oversight of complaints and ensure the correct procedures are followed in those instances.

Headteachers/Executive Headteachers are responsible for:

- ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and support materials required to assist learners with medical conditions
- ensuring that sufficient numbers of trained staff are available to support learners' medical needs at all times whilst they are under the care of the Trust, including making contingency plans for staff absence and emergency situations
- ensuring that information regarding an individual learner's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need to know basis
- ensuring that, where required, risk assessments consider any additional hazards posed to individual learners as a result of their medical conditions
- the overall development and monitoring of Individual Healthcare Plans (IHCP) at their particular academy
- Ensuring accurate and compliant Record Keeping in line with the relevant section of this policy

Staff member with responsibility for medical conditions will:

- keep a log of all learners with medical conditions, whether they have an Individual Healthcare Plan or not.
- inform the SEN team (A.Martin) of any new medical conditions as they arise
- liaise with HOA/ Deputy Head / EWO/ SEN team with regards to making arrangements for reintegration following extended periods of absence due to a medical condition
- collect and collate all medical information; uploading it to Progresso, where appropriate
- send hard copies of medical reports, provided by parents or sent directly by medical practitioners to the SEND team for logging
- create Individual Health Care Plans with parents where a learner has a specific condition or where medication is being administered
- ensure IHCPs are uploaded to Progresso and that all staff members are made aware of the specific needs as they arise
- review IHCPs at least annually or when the needs of the medical conditions change
- ensure that medication administered by academy staff is logged correctly
- ensure that medication is stored correctly, including controlled medications prescribed for conditions such as ADHD or depression
- ensure that medication stored in the academy has not reached its expiry date
- report concerns about a learner's medical condition to the parents/ carers
- ensure medication is accessible to those that need to administer it, and where appropriate the learner
- ensure that new staff have received appropriate training or are not placed in apposition which would call for them to support a medical condition for which they have not been trained
- Ensure all members of staff read the policy, at least annually. And where new staff are employed make sure they also read policy

School Staff will:

- provide support for learners with medical conditions where they feel comfortable doing so. This could include administering medications.
- attend appropriate training to ensure they understand the full implications and methods involved in administering medications and supporting learners with medical conditions.
- ensure they are fully conversant with the Medical Conditions Policy and the procedures contained within.
- ensure they are aware of the learners with individual healthcare plans and what to do in an emergency situation.
- ensure they are aware of their professional responsibilities with regard to the Medical Conditions Policy and the statutory frameworks on which the policy is based.
- ensure that they complete appropriate risk assessments for trips and residential visits which take into account the medical needs of all learners
- ensure that all appropriate medication is provided when learners go on trips and residential visits
- ensure that appropriate medication, such as inhalers, Epipens and diabetic kits are located within an appropriate distance of the child. (No more than 2 minutes away)
- ensure learners are not denied access to their medication at any point during the school day. This includes during examinations, where appropriate arrangements must be in place for the learner to access their medication during this time.
- ensure that learners are not treated unfavourably because of their medication.
- support learners to understand their medical conditions, where needed.
- provide support for learners with medical conditions, where their social, emotional or mental health is being affected.
- monitor learners with medical conditions and immediately report any concerns to the person responsible for monitoring the Individual Healthcare Plans, so that these concerns can be relayed to the learner's parents.
- encourage learners to self-administer the medication, where this is appropriate for age, aptitude or ability of the learner.
- provide supervision for the administration of medications, where this has been identified and agreed as part of the IHCP.

The Trust SENCO team is responsible for:

- monitoring the overall implementation of the Policy
- ensuring that record keeping is in-line with the policy
- monitoring the storage of medicines and controlled substances
- supporting the academies with the development of IHPs
- supporting the academies in ensuring that all relevant legislation is being adhered to
- liaising with individual academies annually, or where needed, to arrange required training.

- collate and file all paper medical reports for individual learners.
- liaise with medical professionals to arrange training.
- liaise with medical professionals to clarify the specific medical needs of individual learners.
- add a copy of the learner's IHP to their SEND file (where applicable)
- make applications for emergency medical funding where the child's needs require support which is above and beyond what is normally provided
- liaise with the Attendance team re: reduced timetables and applications for alternative educational provision (The Pilgrim School)

The Trust Attendance Team is responsible for:

- making applications for places at The Pilgrim School
- keeping records of all learners who are accessing a reduced timetable, due to their medical condition
- monitor the attendance of learners with medical conditions and highlight patterns or concerns to HOA and where applicable, the SEND/ Safeguarding team.
- Ensure time off for medical appointments does not count towards their attendance figures.

### Liaising with Parents

The Trust promotes on-going communication with parents in order to ensure that the specific medical needs of all learners are known and met.

Parents must inform the individual academies if their child has or develops a medical condition and, where appropriate, provide the academy with appropriate medical evidence and/or advice relating to their child's medical condition.

Where appropriate, parents will be invited to consult with the academy concerned and relevant healthcare professionals in order to produce an IHCP for their child.

Parents should inform the academy concerned where their child will require either prescription or non-prescription medication to be taken at the academy and parents are responsible for the supply of this medication to the academy

It is also the responsibility of parents/carers to notify the academy if there is a change in medication, a change in dosage requirements, or the discontinuation of a learner's need for medication.

The Trust requests that medication is only taken at its academies when it is essential and where it would be detrimental to the learner's health not to administer the medication during the academy day. Where possible, medicines should be taken at home, before and after attending school.

Trust staff will not administer any medication to a learner without obtaining prior, written permission from parents. The consent form M2 in the Appendix will be used.

## Individual Health Care Plans

The Trust requires its academies to focus on the needs of each individual learner and how their medical condition impacts on their academy life, their ability to learn and will take steps to help increase learners' confidence and ability to self-care.

Where identified as being necessary, Individual Healthcare Plans (IHCP) will be developed between Headteachers/Executive Headteachers, assisted by the SENCO, and relevant healthcare professionals and parents so that the steps needed to help a learner manage their condition and overcome any potential barriers to their education.

IHPs will be uploaded to Progresso and all staff members are to be made aware of the specific needs as they arise.

As appropriate, the IHCP will include:

- the learner's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency.
- any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
- specific support for the learner's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
- who will provide this support, their training needs, expectations of their role and, where required, confirmation of proficiency to provide support from a healthcare professional
- cover arrangements and who in the academy needs to be aware of the learner's condition and the support required including supply staff
- arrangements or procedures for academy trips or other academy activities outside the normal timetable; completion of risk assessments for visits and academy activities outside the normal timetable
- the designated individuals to be entrusted with the above information
- procedures in the event of the learner refusing to take medicine or carry out a necessary procedure
- a template IHCP is set out in Appendix 1 (Form M1)

Headteachers/Executive Headteachers will have the final decision on whether an Individual Health Care Plan is required.

Where appropriate, the IHCP should be linked with a learner's Education Health and Care Plan (EHC) and/or where there is an ongoing CP issue. Where a learner has SEND but does not have a statement or EHC, their SEN should be mentioned in their IHCP.

Where a learner is on the SEN register, the SEN Team and/ or the Safeguarding team must also be made aware. It is not necessary to send a paper copy to the team, as long as they are made aware that a child has an IHP on Progresso. The academy is responsible to store a copy in line with GDPR compliance.

The Attendance team must also be informed so that they can monitor and report on attendance appropriately.

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

The IHCP will be reviewed at least annually or more frequently if a learner's needs change. The SENCO will coordinate this process.

### Training

Headteachers/Executive Headteachers will ensure that there are members of staff who are appropriately trained to manage medicine as part of their duties. Any staff responsible for the administration of medicine will have access to learners' IHCPs and will be briefed as to its contents.

Where required, if the administration of medication involves technical, medical or other specialist knowledge, appropriate training tailored to the individual learner will be provided to identified staff by a qualified health professional.

Staff must not undertake health care procedures without appropriate training as identified in the IHCP.

Specific protocols to deal with individual learners' medical conditions such as anaphylaxis, epilepsy and diabetes will be detailed in the IHCP.

All new staff will be made aware of the terms of this policy during their induction, and of details of protocols relevant to those learners under their care as appropriate.

Where a learner presents with Asthma, which is controlled by the usual medication e.g. a brown (preventer) inhaler and a blue (reliever) inhaler, the academy can utilise the generic Asthma Healthcare Plan (Appendix), but the setting will need to obtain a signature from parents on the generic plan to ensure they are fully aware of the school's procedures of managing learners who have Asthma. If the nature of the asthma is severe, then an IHCP must be completed.

Asthma UK provides resources and guidance for academies.

<https://www.asthma.org.uk/advice/resources/#academys> Education for Health is a charity that provides education, training courses and resources to support people with long-term medical conditions. Their asthma module is useful for anyone who works with children and can be accessed for free at <https://sch.educationforhealth.org/wp/>

### The Administration of Medicine

Any parent/carer requesting the administration of medication will be signposted to this policy.

Prescribed medication will be accepted and administered in Trust academies in agreement with and signed permission by parents. It is also the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a learner's need for medication.

Non-prescription medication will only be accepted and administered when a young person has regular allergies, headaches, menstrual pain or toothache or on residential visits where it may not be practicable to have medication prescribed. Learners will never be given medicine containing aspirin unless it is prescribed by a doctor. Parents must provide their written consent for this to happen.

Headteachers/Executive Headteachers will have the final say as to whether medication will be administered or not.

Parents of all learners at Trust academies are required to complete the relevant parental agreement to administer medicine form before medication is administered to their child.

**This consent form can be found in M3.**

Only reasonable quantities of medication will be accepted. Each item of medication should be delivered in its original dispensed container. Each item of medication should be clearly labelled with the following information:

- Learner's name
- Name of medication
- Dosage and frequency of dosage
- Date of dispensing (prescription only)
- Storage requirements (if important)
- Expiry date (if available)

The academy will not accept items of medication which are in unlabelled containers or not in their original container.

Staff administering medicines will record and sign each time a medicine is administered. Written records of all medication administered to every learner will be held by each academy in a secure location and may be made available to parents on request. **The record of administration to be completed can be found in Form M3.**

If a learner refuses their medication, staff will record this, report to parents as soon as possible and follow the protocol laid down in the IHCP.

The Trust's insurance will cover liability relating to the administration of medication.

### Specific Emergency Arrangements for Asthma

It is the policy of the Trust that each of its academies shall hold an emergency inhaler and spacer for the emergency treatment of an asthma attack *where they have a learner on role who is diagnosed with asthma.*

In such circumstances, the following arrangements shall be in place:

Identified staff in each academy will be responsible for ensuring the following:

- Instructing all staff on the existence of this policy
- Establishing arrangements for the safe and secure storage, care and disposal of the emergency inhaler
- Instructing all staff on how to check the learner medical register
- Instructing all staff on the symptoms of an asthma attack
- Instructing all staff on how to access and use the emergency inhaler

- Making all staff aware of who are the designated staff and how to access their help
- Keeping records of administration of the emergency inhaler.

Identified Trust staff will ensure that there has been written consent from parents/carers for the administration of the emergency inhaler and spacer. The emergency inhaler/spacer will only be available for learners who have been prescribed a reliever inhaler AND for whom parental consent has been given. Where necessary, this information will be recorded in the learner's IHCP plan.

This duty will be balanced against the duty of Trust staff to act 'in loco parentis' and act as the reasonable and prudent parent would in any emergency situation.

Identified Trust staff will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

### Specific Emergency Arrangements for Anaphylaxis

It is the policy of the Trust that each of its academies shall hold an emergency adrenaline autoinjector for the treatment of an anaphylaxis attack *where they have a learner on role who is diagnosed with anaphylaxis*.

In such circumstances, the following arrangements shall be in place:

Identified staff in each academy will be responsible for ensuring the following:

- Instructing all staff on the existence of this policy
- Establishing arrangements for the safe and secure storage, care and disposal of the auto-injector
- Instructing all staff on how to check the learner medical register
- Instructing all staff on the symptoms of anaphylaxis
- Instructing all staff on how to access and use the auto-injector
- Making all staff aware of who are the designated staff and how to access their help
- Summoning the Emergency Services following the use of the auto-injector
- Keeping records of administration of the auto-injector.

Identified Trust staff will ensure that there has been written consent from parents for the administration of the AAI. The AAI will only be available for learners who have been diagnosed with anaphylaxis and have been prescribed an AAI AND for whom parental consent has been given. This information shall be recorded in the learner's IHCP plan.

Identified Trust staff will be responsible for ensuring parents are informed in writing when the AAI has been used.

### Self-Medication

Where appropriate, the Trust recognises that learners should be allowed to carry their own medicines and relevant devices (such as inhalers) or should be able to access their

medicines for self-medication quickly and easily. However, learners must not be allowed to carry controlled substances- with the exception of anti-convulsants.

Following consultation between the academy, parents and the learner, a learner will be permitted to store and carry their own medication if they are sufficiently competent to do so. This will be reflected in a learner's IHCP. Academies will also consider the safety of other children and medical advice from the prescriber in respect of the learner in reaching this decision.

It is essential that learners with asthma, diabetes and anaphylaxis have immediate access to their medication whenever they need them. Medicines such as asthma inhalers, adrenalin or insulin pens and blood testing meters should be readily available to the learner and will not be locked away. If the learner is too young or immature to take personal responsibility for their medication, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the learner's name. IHCPs will clarify these details.

Learners will be made aware the medication is strictly for their own personal use and it should not be passed to any other learners under any circumstances.

### Storage of medication

Medicines will be securely stored in accordance with individual product instructions.

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

In the case of medication that is not required in an emergency, a secure location will be identified for each academy where medication is stored. Where required, the facility to refrigerate certain medicines such as anti-biotics will be provided.

Parents should collect all medicines belonging to their child at the end of each academic year and are responsible for ensuring that any date-expired medication is collected from their particular academy and replaced as necessary. Date expired medication or uncollected medicines will be disposed of by the academy at the end of each year.

### Controlled substances

There will be occasions where staff may have to administer or supervise learners administering medications which are classed as controlled substances. (Drugs Act 1968)

Examples of these are:

- Methylphenidate- used for ADHD
- Opioids- for pain relief during cancer treatment or arthritis
- Anti-depressants
- Buccolam/ Medazolam- used to stop seizure activity

With the exception of Buccolam and Medazolam (and other associated anti convulsants), all controlled substances **MUST** be stored in a locked, non-portable cabinet.

These medications must only be administered by identified members of staff or in their absence a member of the SLT.

**No other person should have access to these medications at any time.**

On visits and trips, the medication must be kept under the supervision of the group leader or other identified responsible adult. Also it must remain in its original packaging with the pharmacy label clearly visible.

It is the group leader's responsibility that every care is taken that these medications are always kept securely. This may mean, in the instance of a residential visit, that the group leader has to keep them with them at all times.

The learner's IHP and administration log should also be kept alongside the medication.

A record **must** kept of the amount of any controlled drugs held in school and a log kept of when these are removed. (Form M4/M6 in the Appendix)

**Buccolam and Medazolam**

As Buccolam and Medazolam are anti-convulsant medications, these must be stored in a location that is within 2 minutes of the learner.

They must be stored out of reach of children.

They should be stored in a container along with the learner's IHCP and a thermal blanket (in cases where rectal administration is necessary).

Where academies are unsure of how to store a medication, they should contact the SEND team for advice.

**Paracetamol**

In our primary academies, paracetamol will only be administered in exceptional circumstances (where required in an IHP) and if provided by the parents in the original packaging. Academy staff will store the paracetamol in the school office and inform parents if this has been administered.

In our secondary setting, the school maintains a small supply of paracetamol to be administered to students, should they require it. However, parents are encouraged to provide their own supply.

The academy will only administer the paracetamol if parental consent has been provided.

Staff will check whether they have had sufficient time between doses.

Staff **MUST** inform parents that it has been administered and at what time.

Where Paracetamol has been administered, the academy's log must be completed. (Form M4 in the Appendix)

### Off-site Visits and Sporting Events

The Trust actively supports all learners with medical conditions to access and enjoy the same opportunities at its academies as any other learner, which includes ensuring that they are able to take an active role in academy trips and sporting activities, unless it is specifically prohibited by a medical professional involved in a learner's care (such as their GP).

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

If a learner 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 learners 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, individually labelled as described in paragraph 6.6 above.

Secure storage for medicines will be made available at all short-term accommodation used by Trust academies.

### Transitions to other settings

When the academy is preparing for a learner to move from one setting to another, e.g. primary to secondary school, the academy will inform the next provider of the medical condition and share the details of any procedures which need to be in place, particularly for transition days.

The IHCP will request parents/ carers approval for information sharing.

### Alternative Provision

There are occasions where a learner may be unable to access the full school day due to their medical needs or conditions. Where this is the case, the parents/ carers of the learner will be consulted and alternative arrangements such as a reduced timetable or access to The Pilgrim School provision discussed.

The ultimate aim for all alternative provision arrangements is that a learner continues to access some form of education whilst they are recovering or struggling with their medical needs.

### Reduced Timetables

Reduced timetables are utilised for a variety of reasons, including:

- Returning to school following a prolonged period of absence due to a medical need
- Extreme tiredness following an illness or a medical condition a learner is currently experiencing
- Adverse effects of medication a learner is being prescribed

Reduced timetables are only to be used when agreed with the parents.

They should be reviewed at least every 6 weeks.

Must be logged on Data Exchange (PerspectiveLite) by the administrator for the academy.

The person requesting a reduced timetable **must** complete a reduced timetable form and submit this to the Attendance Team. (Appendix Form M7 )

### **The Pilgrim School – Alternative Medical Provision**

Where a learner has a medical condition, which prevents them from accessing the academy completely or where accessing the academy environment could pose a threat to the learner's health, the academy can make a request to the local authority for support from The Pilgrim School.

The Pilgrim School can provide dual registration for a learner with a long-term medical need, which will enable them to access some form of education for the duration of their needs. This can take several forms including home tuition or access to the Pilgrim School learning environment at The Pilgrim Hospital.

When a learner begins their placement at the alternative provision, it is essential that the person with responsibility for medical conditions makes themselves known to the Pilgrim School and provides contact details to ensure the lines of communication remain open.

The attendance team will ensure that they have an accurate record of the learners' attendance status during every day of their placement.

### **Reintegration from Alternative Medical Provision**

Where a learner, who is on roll within the school, is accessing alternative medical provision, the person responsible for medical conditions within the school, will make contact with the alternative provision at least **every 3 weeks**. This contact should be logged and notes made to ensure the academy is kept updated on the current situation. (Appendix Form M5)

When a learner is ready to return to school following a period of absence longer than 6 weeks, it is essential that a reintegration meeting is held to ensure that all Individual Healthcare Plans are up-to-date and reduced timetables can be discussed.

The aim is to ensure the learner accesses some form of education and it must be considered at this meeting whether a full-time return to school is supportive of a learner recovering from a medical condition.

### **Record Keeping**

Records relating to medication (IHCPs, parental consent, administration records) are personal data and must be kept secure. Records should be made available to parents/guardians upon request. IHCPs must be uploaded onto Progresso.

This data will be retained for as long as the child is a learner of the academy. Records should be filed with the learner record (scanned into Progresso). Records should be disposed of securely.

Parental Agreement forms for asthma or other ongoing medication forms should be completed each year, to ensure dosage and frequency is up to date.

In the event of an incident of mis-administration (or the allegation of mis-administration) the incident or alleged incident should be recorded. Any records relating to this incident should be stored and should be retained until the learner concerned reaches the age of 21 years.

### Emergency Procedures

All IHCPs state what constitutes an emergency situation and details the procedures to follow in the event of an emergency.

All staff **must**

be made aware of what constitutes an emergency situation and the procedures to follow.

Learners must be made aware of what to do if they think there is an emergency, such as contacting a member of staff.

If a learner needs to be taken to hospital, staff should stay with the learner until the parent arrives, or accompany a learner to hospital by ambulance. Staff should ensure that medical professionals are made aware of the learner's medical conditions and any medication they are taking.

### Unacceptable Practice

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

- Require parents to administer certain medications to their child to manage their behaviour e.g. Ritalin for ADHD, as this is a parental choice issue protected by law.
- Prevent learner from easily accessing their inhalers and medication and administering medication when and where necessary.
- Assume that every learner with the same condition requires the same treatment
- Ignore the views of the learner or their parents; or ignore medical evidence or opinion.
- Send learners with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal academy activities, including lunch, unless this is specified on their individual healthcare plan.
- If the learner becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.

- Penalise learners for their attendance record if their absences are related to their medical condition e.g. medical appointments
- Prevent learners from drinking, eating or taking toilet 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 academy is failing to support their child's medical needs; or
- Prevent learners from participating, or create unnecessary barriers to learners participating in any aspect of academy life, including school trips, e.g. by requiring parents to accompany their child.

### Liability

All schools within the MAT are covered by the Department for Education's Risk Protection Arrangement (RPA)

### Complaints

Should parents/ carers or learners be dissatisfied with the support provided they should discuss their concerns directly with the academy.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the academy's complaints procedure.

Making a formal complain to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at a resolution have been exhausted.

Parents should visit the academy website or speak to the academy directly if they wish to have a copy of the complaints policy.

### Review

This policy and its procedures will be reviewed and updated by the Directors on an annual basis.



Individual Health Care Plan-Form M1- (Refer to Policy)

(Not be used for ASTHMA or where a child has an IHP provided by another medical professional)

Date:

Child's Name:		Date of Birth:	
Year Group:		Form	
<b>Medical Condition:</b>			
Allergies:			
<b>Emergency Contact Information</b>			
Name of first Contact:		Telephone numbers:	
Name of second contact:		Telephone numbers:	
Additional contact:		Telephone numbers:	

	Name	Contact details:
GP		
Other relevant medical professionals:		
Person with responsibility for implementing the plan:		
Head of Academy:		

Regular Medication (to include those administered in and out of school)

Medical Condition	Drug	Controlled substance?	Dose	When	How is it administered? (oral, inj, rec etc)	Where is it stored?	Known Side effects

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**Routine Monitoring (if applicable)**

Is the child responsible for administering/ carrying their own medication? (Not controlled substances)	
What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is it?	

**Emergency Situations (if applicable)**

What is considered an emergency situation?	
Who is trained to manage an emergency situation? (Names of Staff)	
What are the symptoms?	
What are the triggers (if known)?	
What actions must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

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**Impact on Learning**

How does the medical condition affect learning?	
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**Educational, Social and Emotional Needs**

Is the learner likely to need time off because of their medical condition?	
Does the learner require any additional support in lessons? If so, what?	
Is there a situation where the learner may need to leave the classroom?	
Does the learner require rest periods?	
Does the learner require any emotional support?	
Does the learner require any support between lessons? Eg carrying bags etc.	
Are there any food implications?	

**Staff Training ( to be completed by the academy)**

Is there any staff training required?	
Who needs to be trained?	
Has the training been completed? If so sign and date.	
When does this training need to be updated?	

**Additional Information**

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Please ensure the bottom of this is signed by the parent and ensure they are happy for staff to administer medication.

Please also make it clear that this plan will be shared with staff to safeguard their child, and in the event of an emergency situation, with medical professionals also.

	Name	Signature	Date
Young Person- if appropriate			
Parents/ Carer			
Healthcare professional- if appropriate			
Person with responsibility in school			

If the learner is having a controlled substance administered during academy hours, a separate form must be completed. (M2)

**TRUST SENCO Monitoring**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

This Individual Health Care Plan must be accessible at all times, including off-site visits, for all relevant staff.

Have you:

- ✓ Uploaded onto Progresso?
- ✓ Informed SEN/ Safeguarding/ Attendance of the plan?
- ✓ Updated Progresso?
- ✓ Informed all staff of the plan and where it can be accessed?
- ✓ Logged the child on the spreadsheet for medical conditions, including the date of review?

✓ Placed a copy of the plan within easy access of any medication the child requires?



**Medication Administration Record-**

**Not Controlled Substances (M2)**

**To be used in conjunction with the child's Individual Healthcare Plan where applicable**



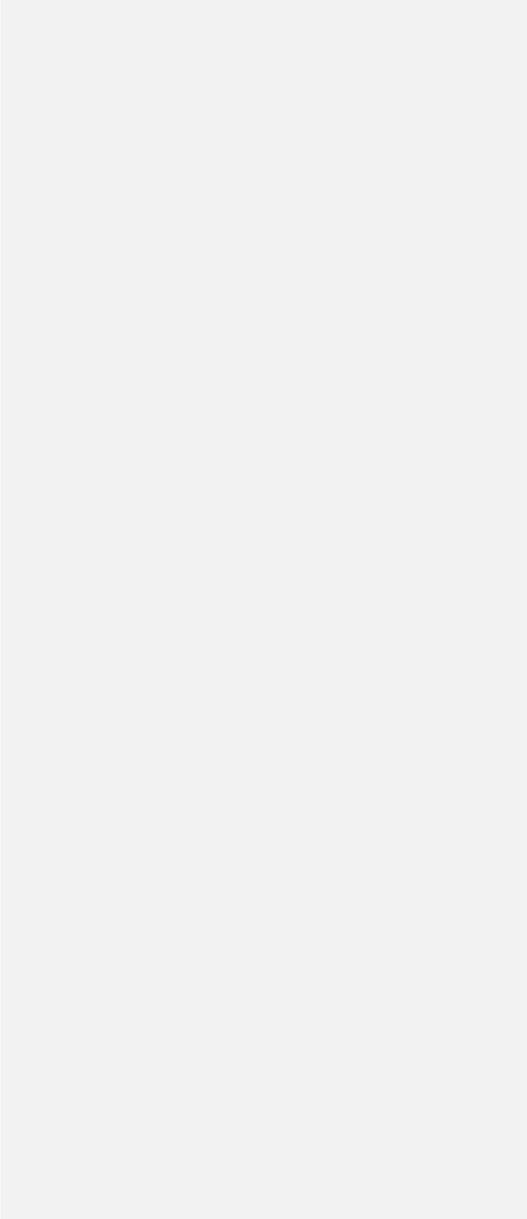




**Administration Record (Generic Paracetamol) M3(HHA Only)**

**TO BE KEPT WITH THE MEDICATION AT ALL TIMES- INCLUDING OFF SITE**

Date	Name of Student	Year	Form	Indications for administration	Permission gained?	Dose? CHECK!	Time	Parent/ Carer informed ?	Name and signed



**Medication Administration Record-CONTROLLED SUBSTANCES (M4)**

To be used in conjunction with the child's Individual Healthcare Plan

**PLEASE ENSURE THIS ACCOMPANIES THE CHILD'S MEDICATION AT ALL TIMES**

**A NEW RECORD MUST BE COMPLETED EACH TIME THE SCHOOL RECEIVES MORE MEDICATION**

Name of child					
Date of Birth		Year		Form	
Name of medication	Quantity Received	Expiry Date	Location		
			<b>LOCKED</b>		
			<b>LOCKED</b>		

**ONLY THE NAMED MEMBERS OF STAFF ARE PERMITTED TO ADMINISTER THE MEDICATION  
IN THEIR ABSENCE, AN APPROPRIATE MEMBER OF SLT MAY ADMINISTER**

Name of Staff Member	Location

Date	Time	Dose	Signature and name	Comments	Quantity remaining

**IN THE EVENT OF AN OFF-SITE VISIT, PLEASE ENSURE THIS RECORD IS TAKEN ALONGSIDE THE MEDICATION**



**Alternative Medical Provision Log (M5)**

<b>Name Of Learner:</b>		<b>Year:</b>	
<b>Placement Commencement date:</b>		<b>Date of review: (6 weeks)</b>	
<b>Referred by:</b>		<b>Designation:</b>	
<b>Reason for Alternative Provision:</b>			
<b>Alternative provider:</b>			
<b>Provider contact:</b>			

**This log must be completed every 3 weeks**

<b>Date</b>	<b>Name of person making contact</b>	<b>Person Liaised with</b>	<b>Comments: (Reintegration, work, general health)</b>

**Please ensure this information is fed back to relevant staff.**

**If reintegration is a possibility, please ensure that a meeting is arranged prior to start date.**

**Please inform attendance team of all developments.**



### TRAINING REQUIREMENTS

Medical Condition	Number to be Trained	Training Provided by	Contact
Asthma	All staff	<a href="https://sch.educationforhealth.org/wp/elearning/">https://sch.educationforhealth.org/wp/elearning/</a>	
Diabetes	Primary- Teacher and TA from class to receive child specific training	Diabetic Nurse	A Martin
	Secondary- 3 members of staff to have received child specific training	Diabetic Nurse	A Martin
	All staff to complete basic online diabetes awareness training	<a href="https://jdrf.vc-enable.co.uk/Register/">https://jdrf.vc-enable.co.uk/Register/</a>	
Epilepsy	Primary- class teacher and TA must be trained to administer medication	CYPSN	A Martin
	Secondary- At least 5 members of staff must be trained to administer medication	CYPSN	A Martin
Children with Stoma/ ACE	At all levels at least 2	Specialist Nurses	A Martin

	<b>members of staff</b>		
<b>Epi-pen/ Anapen</b>	<b>At all levels at least 5 members of staff must be trained</b>  <b>All staff must receive basic anaphylaxis training</b>	<b>CYPSN</b>  <a href="https://www.allergywise.org.uk/course-login/">https://www.allergywise.org.uk/course-login/</a>	<b>A Martin</b>
<b>Child requiring catheterisation</b>	<b>At all levels at least 3 members of staff must be trained</b>	<b>Specialist Nurse</b>	<b>A Martin</b>
<b>Hoisting (Moving and Handling)</b>	<b>At all levels at least 3 members of staff</b>	<b>St Francis School, Lincoln</b>	<b>A Martin</b>
<b><u>PEG Feeding</u></b>	<b><u>At least 3 members of staff</u></b>	<b><u>CYPSN</u></b>	<b><u>A Martin</u></b>

[This is just a small sample of the medical conditions and procedures we could be required to perform.](#)



**Reduced Timetable Form (M7)**

<b>Learner</b>		<b>UPN</b>	
<b>Date of birth</b>		<b>Year Group</b>	
<b>Looked After Child (Y/N) Which Authority</b>		<b>Education Health Care Plan (Y/N)</b>	
<b>Virtual School Rep</b>		<b>SEN caseworker</b>	
<b>Social Care (Y/N)</b>		<b>Previous periods of reduced timetable</b>	<b>Dates/reasons</b>
<b>Social worker</b>			

**Current period of reduced timetable**

<b>School's reason for reduced timetable</b>	
<b>Objectives of reduced timetable</b>	
<b>Start date of reduced timetable</b>	<b>End date</b>
Number of hours received in school:	
<b>Parent/Carer views</b>	
<b>Learner views</b>	
<b>SEND worker views (if appropriate)</b>	
<b>Social worker views (if appropriate)</b>	
<b>Health care views (if appropriate)</b>	
<b>Other views, if appropriate (if appropriate)</b>	



**Reduced timetable consent form**

Date:

Start date of reduced timetable:

Number of hours in school each week:

Review date of reduced timetable:

End date of reduced timetable:

**Parent/carer**

I understand my child has been placed on a reduced timetable for a limited period of time. I have discussed the matter fully with the school and agree, during the period of the reduced timetable to:

- take full responsibility for my child during the hours when not attending school
- ensure there is supervision of school work during those hours
- ensure there is a flow of work between school and home for marking and guidance
- take full responsibility for the health and safety on my child when they are not in school

Parent/carer signature: ..... Date: .....

**School**

During the period of the reduced timetable the school will:

- monitor the effectiveness of the reduced timetable
- hold a review on the agreed date
- provide work for the learner to do whilst at home and mark all work completed

School Lead signature : ..... Date: .....

Other signatures (if required):

SEN caseworker: ..... Date: .....

Social worker: ..... Date: .....

Virtual School rep: ..... Date: .....

School Attendance & Welfare Officer: ..... Date: .....



**Monitoring tool - A Matrix of Concern**

Green	Amber	Red
<p>The school have used the Best Practice Guidelines</p> <p>The learner is planned to be on a reduced timetable for no more than 6 weeks</p> <p>Learner is engaging well with the reduced timetable and positive progress is being made</p>	<p>The school have extended the reduced timetable beyond the 8 weeks.</p>	<p>The school have used a reduced timetable inappropriately based on the evidence obtained.</p> <p>There is concern from the information presented as to why this action has been taken and there is no effective 'exit strategy' or long term plan</p> <p>The learner is not engaging in the reduced timetable and no progress is being made</p>
INDICATORS		
<p>Satisfied that appropriate agreement from parent / carer and any other relevant agency is in place</p> <ul style="list-style-type: none"> <li>• Social Care for CiC, CIN, or CP case</li> <li>• SEND officer where learner has an EHC Plan</li> </ul> <p>Action plan for increasing time</p> <p>Time limited</p> <p>LA has been informed</p> <p>Social care aware when child in care</p> <p>Risk assessment completed</p>	<p>There is little evidence of progress</p> <p>There has been no increase in the time</p> <p>Parental dissatisfaction or concerns expressed by another agency</p>	<p>Reduced timetable is having a detrimental effect on the child</p> <p>The child is known to be at significantly at risk from harm</p> <ul style="list-style-type: none"> <li>- CSE</li> <li>- Radicalisation</li> <li>- Other abusive situations</li> <li>- The child is in care, subject to a CP or CIN plan</li> </ul> <p>The learner has not been attending regularly for some time</p>

