



# **KINGSWAY COMMUNITY TRUST**

## **SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS**

**April 2021**

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**Date: April 2021**

**Review Date: April 2025**

## **Introduction**

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. Every child is an individual and any need or intervention should have considered this, through planning, on an individualised basis. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits, residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEN this policy should be read in conjunction with the school SEN policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long term absence from school, which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

## **Purpose of Document**

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- Children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- Children requiring monitoring and/or intervention in emergency circumstances;
- Children whose health needs may change over time in ways that cannot always be predicted.

All staff in schools and academies have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long term absence from school. Refer to school policy on managing attendance.

## **1. Roles and Responsibilities**

### **1.1 The Trust Board**

The Trust Board is responsible for:

- Ensuring the Executive Headteacher develops and effectively implements policy with partners and school staff, including regular policy review;
- Ensuring the Executive Headteacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- Designating a named individual who is responsible for effective implementation of this policy. The named person in the Kingsway Community Trust is the SENDCo.

### **1.2 The Executive Headteacher**

The Executive Headteacher is responsible for:

- Ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;
- Ensuring that all relevant staff are aware of an individual child's medical condition and needs;
- Ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. Are able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including in contingency and emergency situations;

- Ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1);
- Ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- Ensuring that individual healthcare plans are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- Ensuring that individual healthcare plans are monitored and are subject to review, at least annually, or sooner if needs change;
- Ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- Ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- Ensuring that appropriate insurance is in place to support staff to undertake this role;
- Ensuring that a complaints procedure is in place and is accessible.

### **1.3 Heads of School**

The Heads of School are responsible for:

- Ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix 1);
- Ensuring that parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A)
- Deciding, on receipt of a "Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- Deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate;
- Ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

## 1.4 Staff

Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.

School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

## 1.5 Parents/carers Responsibilities

Parents/carers are required to:

- Provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A);
- Complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school;
- Complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child;
- Provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- Carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- Provide any medication in its original packaging, with the pharmacy label stating the following:
  - a) The child's name
  - b) The child's date of birth
  - c) Name of medicine
  - d) Frequency / time medication administered
  - e) Dosage and method of administration
  - f) Special storage arrangements
- Ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- Collect and dispose of any medicines held in school at the end of each term or as agreed;
- Provide any equipment required to carry out a medical intervention e.g. Catheter tubes;
- Collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

## **2 Pupil Information**

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year or sooner, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A):

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

## **3 Managing Medicines / Medical Interventions On School Premises**

### **3.1 Administration of Medicines / Medical Interventions**

Medicine / medical interventions will only be administered at school when it would be detrimental to pupil's health or attendance not to do so.

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' (Template B)

The Executive Headteacher will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B)

The Executive Headteacher will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' (Template C);

All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.

Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:

- a) Name of pupil
- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C)

No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

### **3.2 Child's Role in Managing their own Medical Needs**

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

### **3.3 Refusing Medication / Medical Intervention**

If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

### **3.4 Storage of Medicines / Medical Intervention Equipment and Resources**

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

### **3.4a Controlled drugs**

A child who is 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 an offence.

Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

### **3.4 b Non-controlled drugs and medical resources**

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

### **3.5 Records**

Each school will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration
- d) Name of medication
- e) Dosage
- f) A note of any side effects / reactions observed
- g) If authority to change protocol has been received and agreed.

Record of Administration to an Individual Child (Template D) and Record of Medicine Administered to All Children (Template E).

## **4. Training**

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the Trust's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Training will be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will



raise awareness of school's policy and practice on supporting pupils with medical condition(s).

The Trust will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training' (Template F)

## **5. Individual Health Care Plans (IHCP)**

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- a) An overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs;
- b) A description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities;
- c) Arrangements around administration of medication(s) / medical intervention(s);
- d) Arrangements around management of medical emergency situations;
- e) Arrangements around management and support for personal care needs, including intimate and invasive care e.g. Catheterisation, toileting support, gastro-tube feeding etc;
- f) Risk assessment for access to the school environment and curriculum;
- g) Arrangements for evacuation in the event of an emergency;
- h) The level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
- i) How, if agreed, the child is taking responsibility for their own health needs;
- j) A reference to staff confidentiality.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

### **Intimate and Invasive Care**

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

## Off-Site and Extended School Activities

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive The Educational Trips and Visits Policy.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

## 6. Managing Emergencies and Emergency Procedures

The Executive Headteacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergency services (Template G) which is displayed in the appropriate places e.g. office, staff room etc.

## 7. Confidentiality and Sharing of Information Within School

The Trust is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

Each school will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers. Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

Where Individual Healthcare Plans are to be displayed publicly e.g. in an office, parents will be asked to provide written consent.

Each school will ensure that arrangements are in place to inform new members of staff of the child's medical needs. Each school will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

## 8. Liability and Indemnity

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The school's insurance arrangements are with Risk Protection Insurance (RPA) through the Education Funding Agency (EFA).

## 9. Complaints Procedure

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the Executive Headteacher / SENCO.

If, for whatever reason, this does not resolve the issue then the parent/carer should follow the procedure as stated in the Kingsway Community Trust Complaints Policy.

## 10. Unacceptable Practice

The school considers that the **following constitute unacceptable practice**:

- Requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs;
- Preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. By requiring parents/carers to accompany the child.
- Preventing children from easily accessing and administering their medicines as and where necessary;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child and/or their parents/carers (although this may be challenged);
- Ignoring medical evidence or opinion (although this may be challenged);
- Sending children with medical conditions home frequently;
- Preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with



- someone unsuitable;
- Penalising children for their attendance record if their absences are related to their medical condition e.g. Hospital appointments;
- Preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

## 11. Policy Information and Review

Date	Issue	Date approved by Trustees	Review date
April 2017	April 2017	18.7.17	Summer 2021
April 2021	Version 2 April 2021		April 2025

### Templates:

- A. Parent/Carer Request and Agreement for School to Administer Medicines/Medical Interventions' form
- B. Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention
- C. Record of Administration of Medicines/Medical Intervention to an Individual Child
- D. Record of Administration of Medicines Administered to All Children
- E. Record of Staff Training
- F. Procedure for Contacting Emergencies Services
- G. Parent consent to display medical pen portrait letter

### Appendices:

1. Sample Procedure following notification of a pupil's medical needs
2. Medicines and Medical Interventions
3. Individual Healthcare Plan (IHCP) Flow Chart to Guide Schools on the Development of an IHCP for a Child
4. Healthcase Plan Cover
5. Sample assessment of barriers and risk
6. Sample medical protocol
7. Sample personal care needs
8. Sample personal emergency evacuation plans
9. Sample specialist equipment plan
10. Assessment of risk

***Insert School Name***  
**Parent/Carer Request and Agreement for School to Administer  
 Medicine(s) / Medical Intervention(s)**

The school will not give your child medicine or carry out a medical intervention unless you complete this form to make a formal request to the Head Teacher / Principal. By signing this form you are also consenting to staff administering medicine or carrying out the medical intervention and sharing relevant information with staff, if the request is granted.

Childs Name:	
Group/Class/Form:	
Date of Birth	
Medical Conditions:	
Date:	

**Medicine**

1.

Name of medicine		
Dosage		
Method of Administration		
Timing(s)		
Side effects Other		
Information		
Potential emergency situation		
Self-administration	Yes	No
Length of time medicine to be administered for		

Note: if self – administration of medicine required then a separate form ‘Parent/Carer Request for the Child’s Self–administration of Medication/Medical Intervention’ must *also* be completed.

2.

Name of medicine		
Dosage		
Method of Administration		
Timing(s)		
Side effects Other		
Information		
Potential emergency situation		
Self administration	Yes	No
Length of time medicine to be administered for		

Note: if self – administration of medicine required then a separate form ‘Parent/Carer Request for the Child’s Self–administration of Medication/Medical Intervention’ must *also* be completed.

**Medical Intervention e.g. catheterisation, tracheostomy care**

Type of Intervention		
Procedure Timing(s)		
Other Information		
Potential emergency situation		
Self-administration	Yes	No
Length of time medicine to be administered		

Note: if self – administration of medicine required then a separate form ‘Parent/Carer Request for the Child’s Self–administration of Medication/Medical Intervention’ must *also* be completed.

**Parent/ Carer Contact Details**

Name:	
Relationship to child:	
Daytime contact number:	
Address:	

### Parents/Carers Declaration and Signature

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

If agreed by the Head Teacher / Principal, I give consent to school staff to administer medicine / medical intervention in accordance with the school policy and following specialist training, where appropriate.

I will **inform the school immediately, in writing**, if there is any **change in dosage or frequency of the medication**, if the **medicine is stopped** or if there are any **changes to the procedure** for the delivery of a medical intervention.

Parent/Carer's Full Name (Please print)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

School Use Only	
Date Received	
Action(s)	
Date Agreed by Head Teacher / Principal	
Date Review Due	

***Insert School Name***  
**Parent/Carer Request for the Child's Self-Administration of  
Medication/Medical Intervention**

**Child's Details**

Child's Name

--

Group / Class / Form

--

Date of Birth

--

**Parent/Carer's Contact Details**

Parent/ Carer Full Name

--

Phone no. (home) Phone

--

no. (work)

--

Phone no. (mobile)

--

**GP**

Name of GP

--

Medical Practice / Health Centre

--

Phone no.

--

**Parent/Carer Declaration and Signature**

I confirm that I have completed the Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s) (Template B) form.

I request and agree to the following medicine(s) or medical intervention(s) being self-administered in school by my child: (please add the names of the medicines or type of intervention)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



Template B

I request and agree to: (please tick from the following)

- my child carrying the stated medicine(s) independently and safely
- school holding the stated medicine(s) safely for my child to collect and administer independently
- school holding the stated medicine(s) safely for my child to collect and administer independently under the supervision of a member of staff
- my child carrying any equipment or resources required for the stated medical intervention independently and safely
- school holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently
- school holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently under the supervision of a member of staff

I undertake to ensure that the school has adequate supplies of stated medicines(s) or resources required to administer the stated medical intervention(s).

I undertake to ensure that stated medicine(s) or resources: are in the original container as dispensed by the pharmacy; have the pharmacy label stating the child's name, dosage and timing of administration; have not passed the expiry date; have details of storage instructions, if appropriate.

I undertake to inform the school **in writing** if there are any **changes to medicine(s) or medical intervention(s)** e.g. change of dose, change of timings or frequency or if administration is stopped.

**Parent/ Carer's Full Name (Please print)**

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

School Use Only	
Date Received	
Action(s)	
Date Review Due	2





***Insert Name of School***  
**Record of Staff Training**

Name of Staff Member	
Type of Training Received	
Date Training Completed	
Training Provider	
Name of Trainer	
Profession and Title	

**Trainer Declaration**

I confirm that ..... (name of member of staff) has received the training detailed above.

I recommend that this updated annually / every two years / other ..... (please delete as appropriate).

Trainer's Signature .....

Date .....

**Member of Staff Declaration**

I confirm that I have received the training detailed above.

Staff Signature .....

Date .....

School Use Only	
Date Review Due	

**Insert School Name**  
**Procedure for Contacting Emergencies Services**

**Requesting an Ambulance**

**Dial 999.**

**Speak clearly and slowly.**

**Be ready to repeat information if asked.**

You will be asked for three key pieces of information:

1. Your telephone number
2. The location you want the ambulance to be sent to
3. The reason for the call

1. School's telephone number is .....
2. School Name .....
3. School Address .....
4. School Postcode for SAT NAV .....
5. Best entrance to the school site .....
6. Exact location of the patient within the school .....
- .....

**STATE THAT THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT**

7. Name of Child

Age of Child

Description of Child's Symptoms Inform if underlying Medical Condition

Inform if any emergency rescue medication has been administered *e.g. midazolam - epilepsy, epipen - allergies, glucose – diabetes*

Inform if any emergency procedures have been carried out *e.g. suction/trache tube replacement – tracheostomy, button replacement – gastro feed*

### **On Arrival of the Ambulance**

- Member of staff to meet crew and escort crew to the patient
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary letter stating child's medical condition and medication
- Member of staff to travel in the ambulance with the patient

## Medical Pen Portrait Privacy Notice

We at [ ] School are the Data Controller for the purposes of the Data Protection Act.

We collect and use pupil information under section 537A of the Education Act 1996, and section 83 of the Children Act 1989. We also comply with the Data Protection Act 2018.

At [ ] Primary, the safety, health and wellbeing of our children is our number one priority.

For the purpose of supporting children with medical needs, we collect and hold medical information on your child in the form of a medical pen portrait which lists the following information:-

- Child's photograph
- Medical condition
- Any regular medication
- Access to physical environment and mobility
- Access to the curriculum
- Personal emergency evacuation procedures
- Emergency medical intervention
- Special medical needs
- Triggers

We protect this information with appropriate safeguards and security measures. We maintain your child's medical information in a combination of paper and electronic files. Access is by authorised personnel only.

Our computer systems are password-secured and constructed in such a way that only authorised individuals can access secure systems and databases. The electronic files will be kept in order to comply with our legal obligations. The guidance in the [Information and Records Management Society's Toolkit for Schools](#) sets out how long we keep information about pupils.

In the case of severe medical conditions, or allergies, so that staff are aware of your child's allergy or medical need and can quickly and easily follow the correct emergency procedures should an allergy or medical incident arise, we ask for consent to display a paper copy of the medical pen portrait in the following areas of school:-

- List

As this information will be displayed in these places, it can therefore be viewed by anyone in those areas, including visitors to school and other parents. This information will be displayed in school until the pupil leaves the school, and will then be securely disposed of.

Under data protection law, individuals have certain rights regarding how their personal data is used and kept safe, including:

- The right to withdraw consent at any time.
- Object to the use of personal data if it would cause, or is causing, damage or distress
- Prevent it being used to send direct marketing
- Object to decisions being taken by automated means (by a computer or machine, rather than by a person)
- In certain circumstances, have inaccurate personal data corrected, deleted or destroyed, or restrict processing
- Claim compensation for damages caused by a breach of the data protection regulations

To exercise any of these rights, please contact our data protection officer.

I would be grateful if you could indicate your consent below and return this letter to the school office. If you would like to discuss this, please do not hesitate to find me in school.

Kind regards

---

By signing below, I give my consent for a paper copy of my child's medical pen portrait to be displayed as detailed in the Medical Pen Portrait Privacy Notice. I understand that consent can be withdrawn at any time.

Child's name: .....

Child's class: .....

Parents Name (print): .....

Parent Signature: .....

Date: .....



## Appendix 1

### **Sample Procedure following Notification of a Pupil's Medical Needs**

1. School receives notification of child's medical condition and needs from parent/carer, LA, healthcare professional or other school.
2. A member of staff discusses this with parents and an initial medical pen portrait is produced.
3. The school nursing service is notified if the child needs to be brought to their attention.
4. Parent/Carer completes the Parent/Carer Request and Agreement for School to Administer Medicines/Medical Interventions' form (Template B), if required.
5. Parent/Carer completes 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C), if required.
6. If further documents from the IHCP flowchart (Appendix 2) are required, the school lead will produce these jointly with parents and other agencies as required. Pupil support needs and staff training needs will be identified.
7. School consults with staff to plan for the administration of any medication or medical intervention. Appropriate training is provided for staff and a record is kept.

**1. Does the pupil have a medical condition or physical disability?**

**If YES, gather information from parents and professionals on the pupil's needs**

**IF NO - no further action**

**2. Are there any risks, barriers or challenges need to be overcome in order for the pupil's medical needs to be met and to support access to the curriculum, physical environment and information?**

**IF NO - no further action**

**If YES, write a Risk Assessment identifying what needs to be put in place to meet the pupil's medical needs and to support access to the curriculum, physical environment and information**

If the pupil has medication or a medical intervention administered regularly at school..

If the pupil requires support in place for potential emergencies that can be anticipated..

If the pupil requires support with any aspects of personal care needs..

If the pupil needs to have strategies put in place to safely evacuate from the building in the event of an emergency..

If the pupil needs support with moving and handling..

If the pupil needs provision of adapted or specialist equipment to support access to the curriculum or environment.

Write a Medical Protocol

Write an Emergency Medical Protocol

Write a Personal Care Needs Plan

Write a Personal Emergency Evacuation Plan

Get advice on how to write a Moving and Handling Risk Assessment and Care Plan

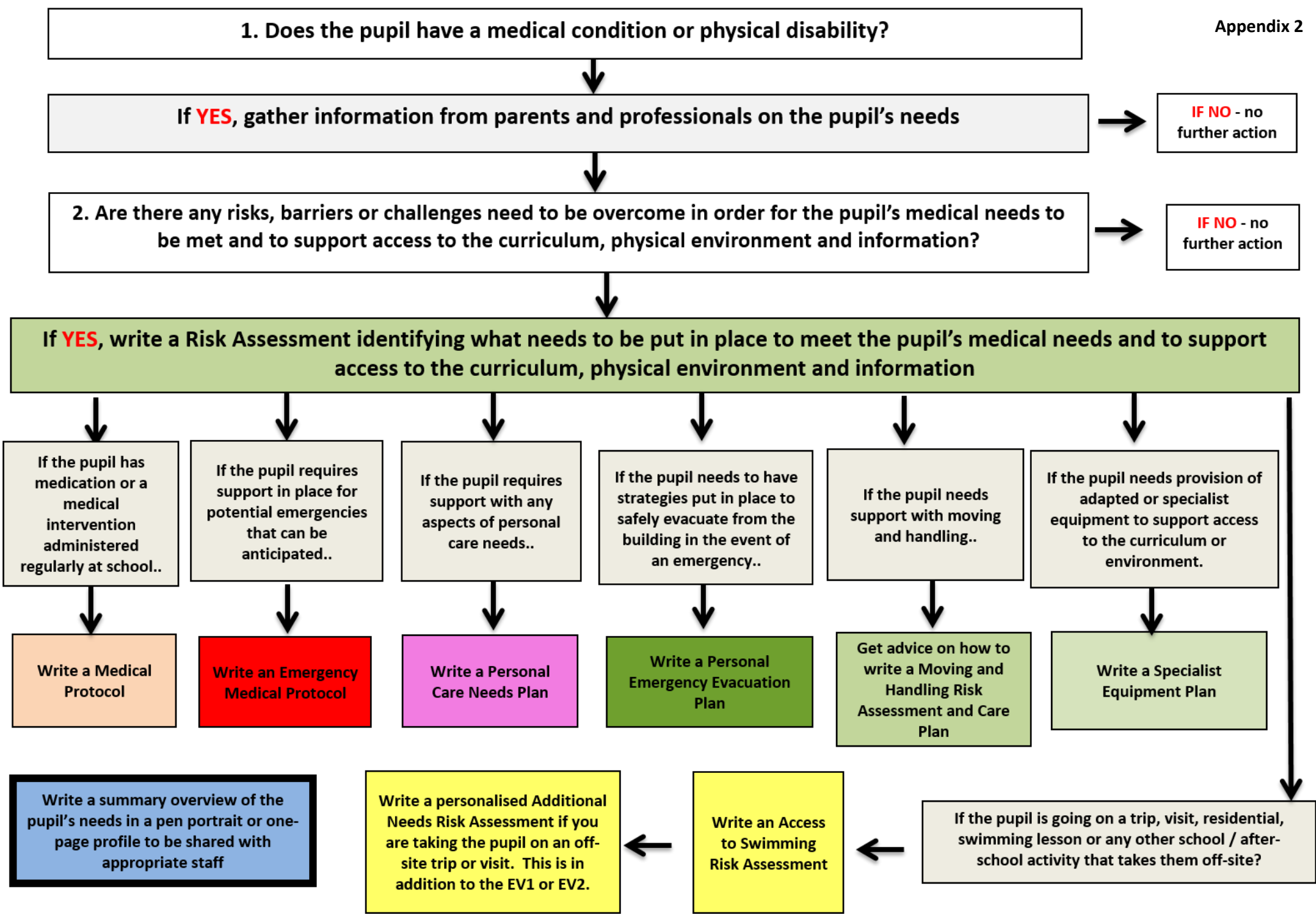
Write a Specialist Equipment Plan

Write a summary overview of the pupil's needs in a pen portrait or one-page profile to be shared with appropriate staff

Write a personalised Additional Needs Risk Assessment if you are taking the pupil on an off-site trip or visit. This is in addition to the EV1 or EV2.

Write an Access to Swimming Risk Assessment

If the pupil is going on a trip, visit, residential, swimming lesson or any other school / after-school activity that takes them off-site?



## Appendix 3

### Medicines and Medical Interventions

Some of the medicines and medical interventions commonly managed within special and mainstream schools are detailed below.

#### Medicines

Medical Needs	Medicine	Training Requirements
Adrenal Insufficiency	Hydrocortisone	
Diabetes Type 1	Insulin	Training by specialist nursing team required
Eczema	Topical corticosteroids Emollients (moisturising creams)	
Epilepsy (rescue medication in the event of a seizure)	Midazolam hydrochloride (Buccolam) Midazolam maleate (Epistatus)	Training by specialist nursing team required
Muscle spasm (Cerebral Palsy)	Baclofen	
Severe allergy / anaphylaxis	Adrenaline (EpiPen)	Training by specialist nursing team required

#### Medical Interventions

Situation	Medical Intervention	Training Requirements
Blood-Glucose (Sugar) Level Monitoring	<ul style="list-style-type: none"> <li>Testing procedure includes taking a small blood sample</li> </ul>	Training by specialist nursing team required
Catheterisation	<ul style="list-style-type: none"> <li>Clean Intermittent Catheterisation (CIC)</li> <li>Self – Catheterisation (CIC)</li> <li>Management of In-Dwelling Catheter</li> </ul>	Training by specialist nursing team required
Diabetes and Insulin management	<ul style="list-style-type: none"> <li>Injection of insulin (insulin pen)</li> <li>Dose management</li> </ul>	Training by specialist nursing team required
Gastrostomy / Nasogastric feeding (tube feeding into the stomach)	<ul style="list-style-type: none"> <li>Bolus (Gravity) feeding procedure</li> <li>Pump feeding procedure</li> <li>Management of stoma site</li> </ul>	Training by specialist nursing team required
Hickman (Central) Line	<ul style="list-style-type: none"> <li>Awareness raising, management and monitoring</li> </ul>	Training by specialist nursing team required
Oxygen Therapy	<ul style="list-style-type: none"> <li>Management of oxygen via cylinders</li> </ul>	Training required by suppliers and specialist nursing team
Tracheostomy	<ul style="list-style-type: none"> <li>Trache and equipment care and management</li> <li>Suction</li> <li>Changing / replacing trache tube</li> </ul>	Training by specialist nursing team required

## Individual Healthcare Plan in School (IHCP)

**for**  
**NAME**  
**YEAR**  
**SCHOOL**

	Document	Tick
Does the pupil have a medical condition or physical disability?	Pen Portrait	
Does the pupil have medication or a medical intervention administered regularly at school?	Medical Protocol*	
Are there possible emergency events relating to the pupils condition? E.g. Seizure, hypo/hyper, trachea	Emergency Medical Protocol* fall	
Does the pupil have any personal care needs?	Personal Care Needs Plan* for eating & Drinking	
Does the pupil need to have equipment, adaptations or strategies in place to minimise risk and remove / reduce barriers to access to the physical environment?	Access to the Environment Plan*	
	Functional Moving & Handling Plan*	
	Therapeutic Moving & Handling Plan*	
	Equipment Plan	
Does the pupil need to have individual strategies in place to safely evacuate from the building in the event of an emergency?	Personal Emergency Evacuation Plan*	
Does the pupil's individual needs require an individual plan for off-site trips, visits, residentials, swimming lessons, after-school activities, PE?	Off-site Visits Plan*	
	Swimming Plan*	
	PE Support Plan*	

\*All plans and protocols include risk assessment and risk reduction measures

**Plan Start Date:**

**Next Review Date:**

Appendix 5

<b>ASSESSMENT OF RISKS AND BARRIERS IN SUPPORTING A PUPIL'S MEDICAL NEEDS AND ACCESS TO THE SCHOOL CURRICULUM, ENVIRONMENT AND INFORMATION</b>  for {Name of Pupil} in Y		<b>CONFIDENTIAL</b> INSERT PHOTO OF PUPIL HERE (WITH CONSENT)		
<b>Date of Implementation: {Insert Date}</b>		<b>Date of Review: {Insert Date}</b>		
This risk assessment has been written as a result of an audit of the needs of the pupil and to consider how the pupil's medical needs can be managed and the pupil supported to fully access the curriculum, the environment and information. The following risks and barriers were identified and appropriate steps to support access and manage barriers and risks identified. This risk assessment has been written in consultation with: RECORD THE NAMES OF THOSE INVOLVED AND THEIR ROLE e.g. SENCO, PARENTS, THERAPIST, SITE MANAGER etc.				
<b>MANAGEMENT OF MEDICAL NEEDS</b>	<b>Pupil Needs and Barriers to Access or Risks Identified</b>	<b>Strategies or Actions to be put in place</b>	<b>Responsibility</b>	<b>Outcomes</b>
<b>ACCESS TO THE ENVIRONMENT</b>	<b>Pupil Needs and Barriers to Access or Risks Identified</b>	<b>Strategies or Actions to be put in place</b>	<b>Responsibility</b>	<b>Outcomes</b>
<b>ACCESS TO THE CURRICULUM</b>	<b>Pupil Needs and Barriers to Access or Risks Identified</b>	<b>Strategies or Actions to be put in place</b>	<b>Responsibility</b>	<b>Outcomes</b>
<b>ACCESS TO INFORMATION</b>	<b>Pupil Needs and Barriers to Access or Risks Identified</b>	<b>Strategies or Actions to be put in place</b>	<b>Responsibility</b>	<b>Outcomes</b>
<b>Other Actions:</b>				
Signed by relevant parents, carers, school staff etc.				
_____ Parent/Carer      Date: _____				
_____ TA      Date: _____				
_____ Class/Form Teacher      Date: _____				
_____ SENCO/Lead      Date: _____				
<b>Termly Staff Briefing</b> Please date and initial in the boxes below following each briefing on the contents of this plan.				
Term 1	Term 2	Term 3		

Appendix 6

<b>MEDICAL PROTOCOL</b> <b>For XXXX in XXXX</b>		<b>CONFIDENTIAL</b> INSERT PHOTO OF PUPIL ONLY WITH WITH CONSENT
Date of Protocol:	Date Review due:	
This protocol has been discussed with parents and the pupil, if appropriate. Signed permission has been obtained for this protocol to be followed during the school day. This protocol is to be reviewed yearly (or sooner if needs change) in consultation with parents, healthcare professionals and the pupil, where appropriate.		
<b>Context to Support</b>	<b>Summary of Current Attendance:</b>	<b>%      Date:</b>
Give a summary of why a medical protocol has been produced and any factors which may have impacted on attendance and access to school particularly those related to the pupil's medical condition.		
<b>General Information</b>		
Give a summary of the pupil's medical condition and impact on learning and access to school.		
<b>BARRIERS IDENTIFIED AND ADJUSTMENTS TO BE MADE IN SCHOOL:</b>		
<b>Areas of Need</b>	<b>Information/Action to be Taken</b>	<b>Rationale</b>
<b>OTHER RELEVANT INFORMATION:</b>		
Parents/Carer's Contact Details: Home: _____ Mobile 1: _____ Mobile 2: _____		
I have read and agree to these adjustments being made for <i>{Name of Pupil}</i> and give consent for this information to be shared with ( <i>appropriate, agreed or named</i> ) staff:		
_____	Parent/Carer	Date: _____
_____	Pupil	Date: _____
_____	TA / Teacher	Date: _____
_____	SENCO/Lead	Date: _____
<b>Termly Staff Briefing</b> Please date and initial in the boxes below following each briefing on the contents of this protocol.		
Term 1	Term 2	Term 3

Appendix 7

EMERGENCY MEDICAL PROTOCOL for {Name of Pupil} in YX		CONFIDENTIAL INSERT PHOTO OF PUPIL ONLY WITH WITH CONSENT
Date of Protocol: {Insert Date}		Date Review due: {Insert Date}
This emergency protocol has been discussed with parents/carers and the pupil, if appropriate. Signed permission has been obtained for this protocol to be followed during the school day in the event of an emergency. This protocol is to be reviewed yearly (or sooner if needs change) in consultation with parents/carers, healthcare professionals and the pupil, if appropriate.		
<b>Context to Support</b>		
<b>General Information</b>		
<b>BARRIERS IDENTIFIED AND ADJUSTMENTS TO BE MADE IN SCHOOL:</b>		
Areas of Need	Information/Action to be Taken	Rationale
<b>OTHER RELEVANT INFORMATION:</b>		
School Staff Trained in First Aid:		
Parents/Carer's Contact Details: Home: _____ Mobile 1: _____ Mobile 2: _____		
I have read and agree to these adjustments being made for {Name of Pupil} and give consent for this information to be shared with ( <i>appropriate, agreed or named</i> ) staff:		
_____	Parent/Carer	Date: _____
_____	Pupil	Date: _____
_____	TA / Teacher	Date: _____
_____	SENCO/Lead	Date: _____
Termly Staff Briefing Please date and initial in the boxes below following each briefing on the contents of this protocol.		
Term 1	Term 2	Term 3

**Appendix 8**

<b>PERSONAL CARE NEEDS PLAN</b> <b>for {Name of Pupil} in YX</b>		<b>CONFIDENTIAL</b> INSERT PHOTO OF PUPIL ONLY WITH WITH CONSENT
<b>Date of Plan: {Insert Date}</b>		<b>Review Date: {Insert Date}</b>
This plan has been discussed with parents/carers and the pupil, if appropriate. Signed permission has been obtained for this plan to be followed during the school day. This plan is to be reviewed yearly (or sooner if needs change) in consultation with parents/carers and pupil, if appropriate.		
<b>Context to Support</b>		
_____		
<b>Medical Information:</b>	<b>Mobility:</b>	<b>Communication Skills:</b>
<b>Staff involved in routinely meeting this pupil's personal care needs:</b>		
_____		
<b>BARRIERS IDENTIFIED AND ADJUSTMENTS TO BE MADE IN SCHOOL:</b>		
<b>Areas of Need</b>	<b>Information/Action to be Taken</b>	<b>Rationale</b>
_____	_____	_____
<b><u>Facilities, Resources, Equipment &amp; Training needed:</u></b>		<b><u>Management of Personal Care Needs</u></b>  <b>Level of Supervision:</b>
_____		_____
<b><u>Additional Roles of Support Staff:</u></b>		<b><u>Records to be Maintained by Staff:</u></b>
_____		_____
<b><u>Confidentiality Agreement</u></b> Parents/carers and pupil (if appropriate) agree that this is to be shared with key named staff who will treat all information confidentially and will respect the dignity and privacy of this pupil.		
I have read and agree to these adjustments being made for <i>{Name of Pupil}</i> and give consent for this information to be shared with ( <i>appropriate, agreed or named</i> ) staff:		
_____	Parent/Carer	Date: _____
_____	TA	Date: _____
_____	TA	Date: _____
(To be signed by all staff involved in providing PCN support)		
_____	Class/Form teacher	Date: _____
_____	SENCO/Lead	Date: _____
<b>Termly Staff Briefing</b> Please date and initial in the boxes below following each briefing on the contents of this protocol.		
_____	Term 2	Term 3



**Appendix 9**

PERSONAL EMERGENCY EVACUATION PLAN for {Name of Pupil} in Y		CONFIDENTIAL INSERT PHOTO OF PUPIL ONLY WITH WITH CONSENT
Date of Plan: {Insert Date}	Review Date: {Insert Date}	
Any issues affecting the pupil's fast evacuation from school in the event of an emergency are considered below. Consideration has been given to evacuation from different areas of the school and if medication or equipment may be required during the evacuation and when outside. This plan has been discussed with parents/carers and the pupil, if appropriate. Signed permission has been obtained for this emergency plan to be followed. This plan is to be reviewed yearly or sooner if needs change, in consultation with parents/carers and the pupil, if appropriate.		
<b>Context to Pupil Support</b>		
Give a brief summary of the reasons why a PEEP has been written to support this pupil. Identify below any specific factors which may impact on safe evacuation in the event of an emergency evacuation.		
<b>Medical Information:</b>	<b>Communication Skills:</b>	<b>Mobility:</b>
<b>Staff named to carry out the PEEP:</b>		
<b>BARRIERS IDENTIFIED AND ADJUSTMENTS TO BE MADE IN SCHOOL:</b>		
Barriers or Risks Identified	Action(s) to be Taken	Rationale
<b>Physical:</b>		
<b>Medical:</b>		
<b>Behaviour:</b>		
I have read and agree to these adjustments being made for {Name of Pupil} and give consent for this information to be shared with ( <i>appropriate, agreed or named</i> ) staff:		
_____ Parent / Carer		Date: _____
_____ Pupil		Date: _____
_____ Teacher / TA		Date: _____
_____ SENCO/Lead		Date: _____
<b>Termly Staff Briefing</b> Please date and initial in the boxes below following each briefing on the contents of this plan.		
Term 1	Term 2	Term 3

Appendix 10

<b>SPECIALIST EQUIPMENT PROVISION</b> <b>for {Name of Pupil} in YX</b>		<b>CONFIDENTIAL</b> <b>INSERT PHOTO</b> <b>OF PUPIL ONLY</b> <b>WITH</b> <b>WITH CONSENT</b>
<b>Date of Plan:</b> _____		<b>Review Date:</b> _____
This plan outlines the range of equipment that school will need to manage and monitor on a regular basis. It has been discussed with parents/carers and therapists. Signed permission has been obtained for this plan to be followed during the school day. This plan is to be reviewed yearly/termly (or sooner if needs change) in consultation with parents/carers and therapists.		
<b>Staff involved in managing and using pupil's equipment:</b>		
<b>Medical Information:</b>		
<u>Mobility:</u>	<u>Personal Care Needs:</u>	<u>Moving and Handling Needs:</u>
<b>Communication Skills:</b>		
<b>Details of Specialist Equipment Used to Support the Pupil during the School Day:</b>		
Equipment Needed	Management, Use and Maintenance of Equipment	Photos
<b>Management of Equipment:</b>		
Safe management, use and maintenance of equipment is the responsibility of XXXXXXXX.		
I have read and agreed that this is a comprehensive list of the specialist equipment and maintenance responsibilities for {Name of Pupil}:		
_____	Parent/Carer	Date: _____
_____	Pupil	Date: _____
_____	Teacher / TA	Date: _____
_____	SENCO/Lead	Date: _____
<b>Termly Staff Briefing</b> Please date and initial in the boxes below following each briefing on the contents of this plan.		
Term 1	Term 2	Term 3

**Appendix 11**

<b>ASSESSMENT OF BARRIERS AND RISK IN SUPPORTING A PUPIL'S MEDICAL NEEDS AND ACCESS TO THE SCHOOL CURRICULUM, ENVIRONMENT AND INFORMATION</b>				<b>CONFIDENTIAL</b> INSERT PHOTO OF PUPIL HERE (WITH CONSENT)
for {Name of Pupil} in Y				
Date of Implementation: {Insert Date}		Date of Review: {Insert Date}		
This risk assessment has been written as a result of an audit of the needs of the pupil and to consider how the pupil's medical needs can be managed and the pupil supported to fully access the curriculum, the environment and information. The following risks and barriers were identified and appropriate steps to support access and manage barriers and risks identified. This risk assessment has been written in consultation with: RECORD THE NAMES OF THOSE INVOLVED AND THEIR ROLE e.g. SENCO, PARENTS, THERAPIST, SITE MANAGER etc.				
<b>MANAGEMENT OF MEDICAL NEEDS</b>	<b>Pupil Needs and Barriers to Access or Risks Identified</b>	<b>Strategies or Actions to be put in place</b>	<b>Responsibility</b>	<b>Outcomes</b>
Impact of medical condition and support needs during the school day (STEP: space, task, equipment, people)				
Impact of medical condition on the pupils SEMH				
Impact of medical condition on attendance				
Impact of medical condition on access to the environment				
Impact of medical condition on access to the curriculum and learning				
Use, storage and maintenance of equipment				
Staff training or support needs				
Home –school communication				
<b>ACCESS TO THE ENVIRONMENT</b>	<b>Pupil Needs and Barriers to Access or Risks Identified</b>	<b>Strategies or Actions to be put in place</b>	<b>Responsibility</b>	<b>Outcomes</b>
Access to and around the school building				
Access to classroom seating				

Access to the dining hall				
Access to playground and playtime equipment				
Access to the toilet				
Access to the Hall for PE/assemblies				
Access to safe emergency evacuation				
Access to support for Moving and Handling				
<b>ACCESS TO THE CURRICULUM/ INFORMATION</b>	<b>Pupil Needs and Barriers to Access or Risks Identified</b>	<b>Strategies or Actions to be put in place</b>	<b>Responsibility</b>	<b>Outcomes</b>
Access to practical subjects e.g. science, art, DT, cookery				
Access to support for writing				
Access to support language and communication				
Access to PE including gymnastics, dance and games				
Access to all aspects of the wider curriculum including clubs, sports events, prize giving, church visits etc.				
Access to off-site trips, visits or residential.				

**Other Actions:**

Signed by parents, staff etc.

\_\_\_\_\_ Parent/Carer Date: \_\_\_\_\_

\_\_\_\_\_ TA Date: \_\_\_\_\_

\_\_\_\_\_ Class/Form Teacher Date: \_\_\_\_\_

\_\_\_\_\_ SENCO/Lead Date: \_\_\_\_\_

**Termly Staff Briefing** Please date and initial in the boxes below following each briefing on the contents of this plan.

Term 1	Term 2	Term 3
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