

Medical Care Policy and Procedures for supporting pupils with medical conditions

This policy is written in line with the requirements of:-

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies: SEND Policy / SEN Information Report, Safeguarding Policy, Off-site visits policy, Complaints Policy.

This policy was developed to give details of the engagement and participation process that involved parents/carers of pupils with medical conditions, representatives from the governing body, healthcare professionals and parent teacher association representatives and will be reviewed annually.

Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:-

Short Term Medical Needs: Short-term medical needs will be judged on an individual basis, based on the fact that medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Any medicine that is administered should only be done so with the parent's written consent and with two members of staff present at all times. Where this is not possible and it is only pain relief medicine being administered, then the parents should be informed, dosages and timings checked. Pain relief should never contain aspirin unless prescribed and prescribed medication should where possible be taken outside of school hours. Prescribed medicines should only be accepted if they are in date, labelled, in the original container and include instructions for administration, storage and dosage.

Long Term Medical Needs: If children do need to regularly take prescribed medication, and where it would be detrimental to the child's health or well-being if it were not administered during the school day, parents/carers must ensure it is clearly marked with the child's name and that clearly written directions for use are attached on the appropriate form. Rescue medication and conditions that may require additional support will be recorded in an Individual Health Care Plan (IHP). These rescue medications and other long term medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens/epi-pens/insulin pens (which do not need to be in the original container, but the insulin must still be in date) must always be kept in a suitable place and readily available to children, they should not be locked away and where possible there should be duplicates and the children should have them on them or always be in the vicinity of them. This is particularly important to consider when off of the school premises.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

The Statutory Duty of the Governing Body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of The Federation of St Martin's and Seabrook CEP Schools fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;

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- Ensuring that the arrangements give parents and pupils confidence in the schools' ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the schools are notified that a pupil has a medical condition (see section below on procedure to be followed when notifications are received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Considering whether to
 - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
 - Purchase and train staff in the use of defibrillators
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

Policy Implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Mrs Carter, Executive Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

Mr Carter and Mrs James, Head of School and Mrs Carter will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

Mrs Geering, SENCo (Seabrook) and Mrs Ames, SENCo (St Martin's) will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to The Federation of St Martin's and Seabrook CEP Schools for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving into The Federation of St Martin's and Seabrook CEP Schools mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the schools because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The Federation of St Martin's and Seabrook CEP Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by Mrs Carter or Mr Carter and Mrs James and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers by Mrs Geering and Mrs Harris and be put in place. These discussions at St Martin's will be led by Mrs Carter or Mr Carter, Mrs James and Mrs Ames who will also liaise with class teachers and/or TA's as well as Miss White, before writing an individual healthcare plan in conjunction with parents and ensuring this is put into place.

Individual Healthcare Plans

Individual healthcare plans will help to ensure that The Federation of St Martin's and Seabrook CEP Schools effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Executive Headteacher, Mrs Carter, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement of EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps, which The Federation of St Martin's and Seabrook CEP Schools should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the schools.

The Federation of St Martin's and Seabrook CEP Schools will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that The Federation of St Martin's and Seabrook CEP Schools assess and manage the risks to the child's education, health and social wellbeing, and minimise disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template 1 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer and the Executive Headteacher, Mrs Carter, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

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- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and Responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff from The Federation of St Martin's and Seabrook CEP Schools.

In addition we can refer to the **Community Nursing Team** for support with drawing up individual healthcare plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff for children with particular conditions (e.g. asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the schools with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) ref: [education for children with health needs who cannot attend school](#)

Providers of Health Services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already

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briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff Training and Support

The following staff have received general training on the following dates:
(Training should be updated every 3 years)

School first aiders at Seabrook are:

Seabrook			
First Aiders		Paediatric First Aiders	
Name	Date of renewal training	Name	Date of renewal training
Mrs Beech	24/1/2025	Mrs James	22/01/2026
Mrs Biggs	24/1/2025	Miss Lancaster	12/01/2025
Miss Lancaster	12/01/2025	Mr Carter	22/01/2026
Miss Briggs	09/01/2025	Mrs Cawsey	09/2024
Miss Horne	4/1/2026	Miss Beazley	22/02/2025
Mrs James	22/01/2026	Mrs Smith	22/02/2025
Miss Beazley	22/2/2025		
Mrs Smith	22/2/2025		
Mr Carter	22/01/2026		

St Martin's			
First Aiders		Paediatric First Aiders	
Name	Date of renewal training	Name	Date of renewal training
Mrs Brunton	1/2026 (First Aid at Work)		
Mr Carter	1/2026	Miss Ewins	11/2025
Mrs Lama	1/2026(First Aid at Work)		
Mrs James	1/2026	Mrs Janser	1/2026
Mrs Hills	6/2024 (Full First Aid at work)	Mrs James	1/2026
Miss Herring	3/2026 (Emergency)	Mr Carter	1/2026
		Miss Herring	3/2026

Template E will be used to record staff training for administration of medicines and /or medical procedures.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training themselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training – if required (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate

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training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the schools' policy for supporting pupils with medical conditions and their role in implementing the policy. Mrs Carter, Executive Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to access their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard or fridge in the main office to ensure that the safeguarding of other children is not compromised. The Federation of St Martin's and Seabrook CEP Schools do also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

The schools have clear guidelines on providing care and support and administering medication and first aid at school:

- a. The schools understand the importance of medication being taken and care received as detailed in the pupil's IHCP.
- b. The schools will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child.
- c. The schools will ensure there are sufficient members of staff trained to cover any absences, staff turnover and other contingencies. The schools' governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- d. The schools will not give medication to a child under 16 without a parent's/carer's written consent **except in exceptional circumstances**. Medication may only be administered if prescribed by a healthcare professional. Medicines bought 'over the counter' may not be administered, **except for a single dose of travel sickness medication required for the return journey of an educational visit and then only upon the explicit written consent of the parent/carer**. Parents/carers may be permitted to come into the schools during school hours to administer a single dose of analgesic and/or antipyretic medicine such as paracetamol or ibuprofen if they feel it is necessary. When necessary schools will administer Calpol to children to support them and in this instance parents (and only parents) will be informed first and all dosages and timings discussed. **This will not be administered if a child is displaying COVID symptoms. The child will be placed in isolation and parent/carer call to collect and arrange for testing.**
- e. Medicines will only be administered at school when it would be detrimental to the pupil's health not to do so and where it is not possible to arrange doses to be taken solely outside of school hours.
- f. Children at our schools will not administer their own medication, unless they have received appropriate training and it is the wish of the pupil and their parent/carer. This will be recorded on their plan. A member of staff must be present to supervise and be prepared to intervene if necessary to ensure the child's health and safety are not compromised. Whilst pupils will be encouraged to keep themselves healthy, and self-care is to be promoted, our schools recognise that some pupil's needs may be complex and some medical conditions can be fatal if not managed well.
- g. The schools will make sure that a trained member of staff is available to accompany a child with a medical condition on an off-site educational visit and the needs of the pupil, associated risks and how these are to be managed will be included in the risk assessment for the visit.

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- h. Parents/carers at our schools understand that they should let the school know immediately if their child's needs change and provide enough information to ensure their needs are met.
- i. The Federation of St Martin's and Seabrook CEP Schools will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- j. All medicines will be stored safely in the Secretary's Office except inhalers – asthma inhalers are currently in each class bag in the classrooms. Seizure medication is also securely stored in a non-portable container in class. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, the key is stored where possible in the safe.
- k. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available behind the main staff toilets. Asthma inhalers are marked with the child's name.
- l. During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- m. A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the schools;
- n. Staff administering medicines should do so in accordance with the prescriber's instructions. The Federation of St Martin's and Seabrook CEP Schools will keep a record (see template C and D) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- o. When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Record keeping

The schools have clear guidelines about record keeping:

- a. Our schools uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- b. Our schools has a centralised register of IHPs, and an identified member of staff who has responsibility for this register (Mrs Carter/ Mrs Beech/Mrs Carter/Ms Ewins. Mrs Colley). Mrs Geering and Mrs Ames will work in collaboration with the SLT to do this.
- c. IHPs are reviewed regularly, at least every year or whenever the pupil's needs change.
- d. The pupil (where appropriate), parents/carers, specialist nurse (where appropriate), hold a copy of the IHP. school staff are aware, and have access to, the IHPs for pupils in their care.
- e. The schools make sure that the pupil's confidentiality is protected.
- f. The schools seek permission from parents/carers before sharing medical information with any other party.
- g. The schools keep an accurate record of all medication administered, including the dose, time, date and supervising staff.

Emergency Procedures

Mrs Carter, Executive Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the schools should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day Trips, Residential Visits and Sporting Activities

We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

The Governing Body is still considering whether to invest in the defibrillators and staff training.

Unacceptable practice

Although staff of The Federation of St Martin's and Seabrook CEP Schools should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments; we mark them with an M so this is an absence
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Appropriate support

This section of the policy identifies appropriate support for young people with health needs and should be read in conjunction with "Mental health and behaviour in schools: Departmental advice for school staff (DfE, June 2014)".

The schools should consider the strategies used to support pupils with medical or mental health needs as part of the schools' 'reasonable adjustment' and there is a need to demonstrate the specific support identified for the pupil's educational, social and emotional needs within the IHCP.

The schools will ensure the following:

- Education Support**

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- Individual Health Care Plans and/or Early Help Assessment
- Teaching Assistant support, arrangements made for catch-up sessions
- time-limited modified timetables: later start, earlier finish, reduced curriculum offer, reduced number of days, after school sessions, time out placement, alternative on-site provision (i.e. inclusion area)
- on-line/virtual learning
- teaching home visits

 Pastoral Support

- break and lunch time sanctuary
- named mentor
- peer mentoring, nurture groups, social skills groups
- school based counselling

 Family Support

- meetings with parents and sometimes the extended family
- a family liaison worker/key worker
- family work, parents groups

 Counselling

School-based counselling is one of the most prevalent forms of psychological therapy for young people in the UK. Most secondary schools offer some form of counselling service. These services generally provide one-to-one supportive therapy, with pupils referred through their pastoral care teachers, and attending for three to six sessions.

Non-directive supportive therapy is recommended by NICE for mild depression and there is emerging evidence to suggest that school-based humanistic counselling is effective at reducing psychological distress and helping pupils achieve their goals.

Both the pupils who use it and school staff believe school-based counselling to be an effective means of improving pupils' mental health and emotional wellbeing. They also believe it enhances pupils' capacity to study and learn.

A variety of resources and services are available to assist schools in establishing or developing counselling services, including from the British Association of Counselling and Psychotherapists (BACP) and various national and local voluntary organisations. BACP also have a Register of Counsellors and Psychotherapists which is accredited by the Department of Health. In addition, in March 2014 the Department of Health and BACP launched Counselling MindEd, a free programme of e-learning modules, to support the training and supervision of counselling work with children and young people.

 Specialist support, advice, training in school

- Health Needs Education Service
- Educational Psychology (core or traded services)
- Specialist Teaching and Learning Service
- School Nursing Service
- Specialist Teams from Hospitals

 Specialist Outreach Support

- Health Needs Education Service through the six locality managers
- Specialist Teaching and Learning Service
- Special Schools outreach support
- CHYMPs
- School nursing mental health team

 Consultation with other agencies (for advice, and to support access to other services)

- LIFT for STLS and Educational Psychology Service
- Early Help Assessment
- In Year Fair Access (IYFA)
- Specialist Children's Services
- Short-term/respite placements supported by the home school at a locality hub
- Commissioned-therapeutic work with pupils delivered by an appropriate specialist, within or beyond the school, including:
 - o Educational Psychologists
 - o School Nurses
 - o Locality based Primary Mental Health Workers (new posts commissioned by KCC and CCGs)
- GP's and/or Paediatricians

- Referral of serious cases to CHYMPs Tiers 3 and 4

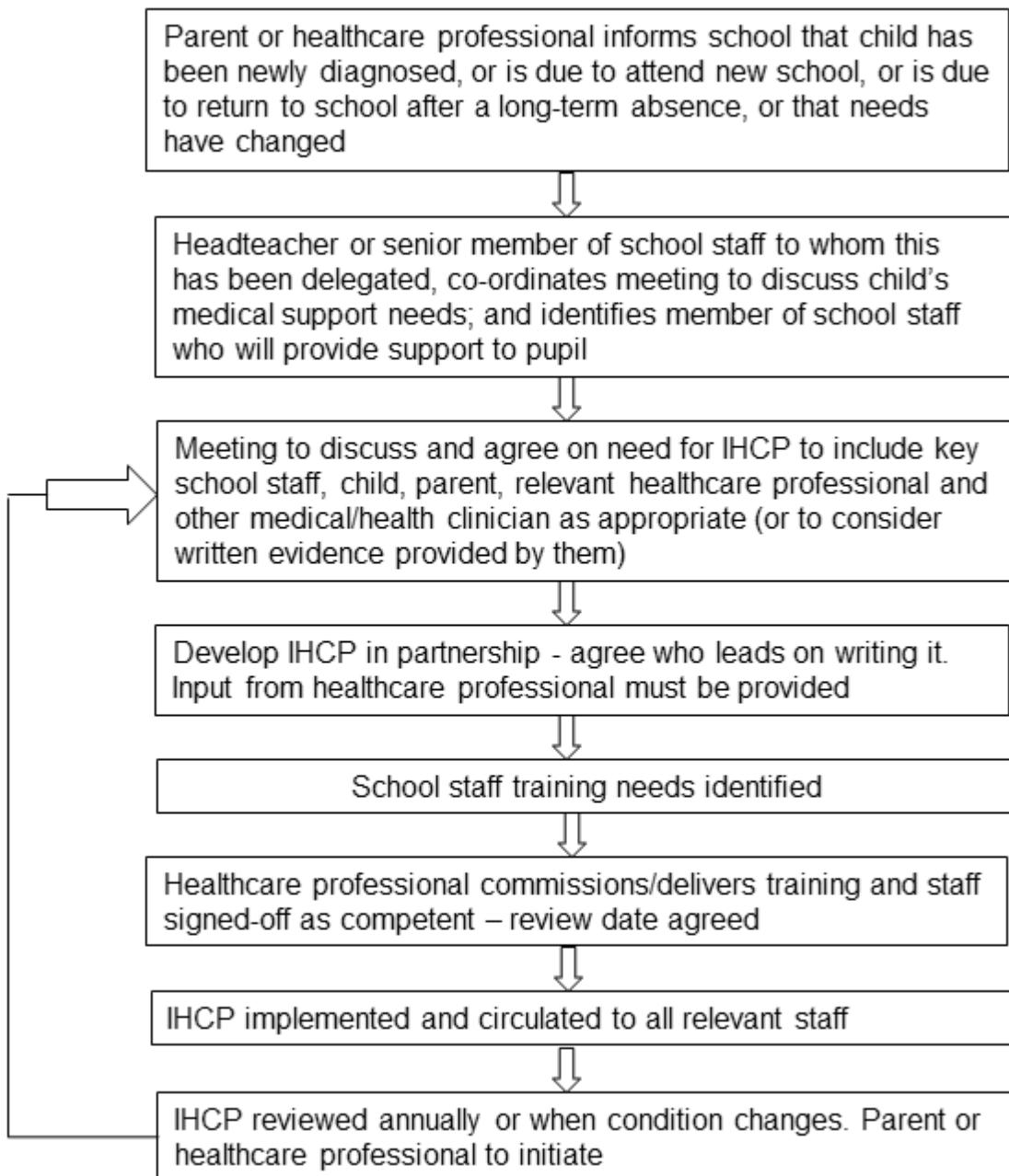
Liability and indemnity

Safe Hands

Note: individual cover may need to be arranged for any healthcare procedures – seek advice from your own insurance provider. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at The Federation of St Martin's and Seabrook CEP Schools they must discuss their concerns with the schools. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Executive Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using The Federation of St Martin's and Seabrook CEP Schools Complaints Policy.

Annex A: Model process for developing individual healthcare plans

Template A: individual healthcare plan

Name of school/setting

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

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

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

Clinic/Hospital Contact

Name

Phone no.

Name
Phone no.

G.P.

Name

Phone no.

Name
Phone no.

Who is responsible for providing support in school

Who is responsible for providing support in school
--

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

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

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

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

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

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

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

MedicineName/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

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

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting

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

Staff signature _____

Signature of parent _____

Date

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

Date

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

C: Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Dose given

Name of member of staff

Staff initials

Template D: record of medicine administered to all children

Name of school/setting

Template E: staff training record – administration of medicines and/or medical procedures

Name of school/setting

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date