



The Westminster  
School

*Safe, Happy and Learning Together*

[www.thewestminsterschool.co.uk](http://www.thewestminsterschool.co.uk)

2023/2024

# Supporting Pupils with Medical Conditions Policy

Building foundations and providing opportunities to create confident, aspirational, and independent members of our community.

Approved by Governing Body on:	09/11/2023
Signed by Chair of Governors:	<i>P. A. Evans</i>
Head Teacher:	Mr O M Flowers
Lead Personnel:	O Flowers
Date of Review:	09/11/2024

## Statement of intent

The Westminster School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in December 2015 – "[Supporting pupils at school with medical conditions](#)".

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities and this includes children with medical conditions.

## 1 Key roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils is critical.

### 1.1 The Local Authority (LA) is responsible for:

- 1.1.1 Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions as outlined under [Section 10 of the Children Act 2004](#), with a view to improving wellbeing of children with regard to their physical and mental health and their education, training and recreation.
- 1.1.2 The procedures relating to pupils with medical conditions or responding to emergencies whilst the pupil is on home-to-school transport.
- 1.1.3 Local authorities and ICS **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities ([Section 26 of the Children and Families Act 2014](#)).
- 1.1.4 Local authorities should 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.
- 1.1.5 Local authorities should work with schools to support 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 school year).

## **1.2 The Integrated Care Systems (ICSs) is responsible for:**

- 1.2.1 Ensuring that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under [Section 10 of the Children Act 2004](#) and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).
- 1.2.2 ICSs should be responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this).
- 1.2.3 The local Health and Wellbeing Board will also provide a forum for local authorities and ICSs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- 1.2.4 Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. ICSs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains an ICS commissioning responsibility.
- 1.2.5 Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurse, such as gastrostomy and tracheostomy care, or postural support. ICSs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

## **1.3 Health Services**

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

## **1.4 The Governing Body is responsible for:**

- 1.4.1 The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of The Westminster School, ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 1.4.2 Handling complaints regarding this policy as outlined in the school's Complaints Policy.

- 1.4.3 Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- 1.4.4 Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- 1.4.5 Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- 1.4.6 Keeping written records of any and all medicines administered to [individual pupils](#) and [across the school population](#).
- 1.4.7 Ensuring the level of insurance in place reflects the level of risk.

**1.5 The Deputy Head Teacher(s)/SENCO in liaison with the Head Teacher is responsible for:**

- 1.5.1 The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of The Westminster School, ensuring the policy is developed effectively with partner agencies.
- 1.5.2 Making staff aware of this policy.
- 1.5.3 Liaising with healthcare professionals regarding the training required for staff. Training for specific medical conditions should be delivered by specialist medical professionals. This training should be reviewed as agreed by healthcare professionals.
- 1.5.4 Making staff who need to know aware of a child's medical condition.
- 1.5.5 Consulting the Community Children's Nurse in developing Individual Healthcare Plans (IHCPs).
- 1.5.6 Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations. This will be in liaison with the Community Children's Nurses.
- 1.5.7 If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- 1.5.8 Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 1.5.9 Contacting the Community Children's nurse in the case of any child who has a medical condition.

**1.6 Staff members are responsible for:**

- 1.6.1 Taking appropriate steps to support children with medical conditions.
- 1.6.2 Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.

- 1.6.3 Administering medication, if they have agreed to undertake that responsibility.
- 1.6.4 Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- 1.6.5 Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- 1.6.6 Know the names of staff members responsible for administering injections.

### **1.7 Community Children's nurses are responsible for:**

- 1.7.1 Notifying the school when a child has been identified with requiring support in school due to a medical condition. Wherever possible this should be done before the child starts school.
- 1.7.2 Liaising locally with lead clinicians on appropriate support for the child and staff.
- 1.7.3 Support staff to implement a child's individual healthcare plan and provide advice and liaison for example on training.

### **1.8 Parents and carers are responsible for:**

- 1.8.1 Keeping the school informed about any changes to their child/children's health.
- 1.8.2 Completing a [parental agreement for school to administer medicine](#) form before bringing medication into school.
- 1.8.3 Providing the school with the medication their child requires and keeping it up to date.
- 1.8.4 Collecting any leftover medicine at the end of the course or year.
- 1.8.5 Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- 1.8.6 Where necessary, developing an [Individual Healthcare Plan](#) (IHCP) for their child in collaboration with the Community Children's Nurse, other staff members and healthcare professionals.

### **1.9 Other healthcare professionals are responsible for:**

- 1.9.1 Notifying the school nurse when a child has been identified as having a medical condition that will require support at school
- 1.9.2 Providing advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma diabetes, epilepsy).

## **2 Definitions**

- 2.1** “Medication” is defined as any prescribed or over the counter medicine.
- 2.2** “Prescription medication” is defined as any drug or device prescribed by a doctor.
- 2.3** A “staff member” is defined as any member of staff employed at The Westminster School, including teachers and support staff.

## **3 Training of staff**

- 3.1** Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.
- 3.2** Teachers and support staff will receive regular and on-going training as part of their development.
- 3.3** Teachers and support staff who undertake responsibilities under this policy will receive the following training externally:
- First aid at Work
  - Safe handling and administration of medication
- 3.4** No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.
- 3.5** No staff member may administer drugs by injection unless they have received training in this responsibility.
- 3.6** The administration staff responsible for CPD will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.
- 3.7** Suitable training should be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
- 3.8** The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.
- 3.9** 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 as set out in 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.
- 3.10** A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.



Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Governing bodies should consider providing details of continuing professional development opportunities.

## **4 The role of the child**

- 4.1** Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- 4.2** Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- 4.3** If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored. Staff should not force them to take it, but follow the procedures agreed in the individual healthcare plan.
- 4.4** Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

## **5 Individual Healthcare Plans (IHCPs)**

- 5.1** When deciding what information should be recorded in individual healthcare plans, the governing body should consider the following:
  - The medical condition, it's 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, counselling sessions;
  - 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 and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
  - Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
  - Where confidentiality issues are raised by the parents/child, the designated individuals 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.
- 5.2** Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Head Teacher, Deputy Head Teacher(s), SENCO and medical professionals.
- 5.3** IHCPs will be easily accessible whilst preserving confidentiality.
- 5.4** IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- 5.5** Where a pupil has an Education, Health and Care plan, the IHCP will be linked to it or become part of it.
- 5.6** Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

## **6 Medicines**

- 6.1** Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- 6.2** If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a [parental agreement for a school to administer medicine](#) form.
- 6.3** No child will be given any prescription or non-prescription medicines without written parental consent.
- 6.4** Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- 6.5** No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 6.6** Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. School are able to administer Paracetamol, Calpol, Nurofen and Ibuprofen and other



medication such as travel sickness medication, skin creams, cough medication recommended by a Doctor to parents/carers without a prescription. However, bottles or tablets must be sent into school in an unopened state, in the original packaging and/or box and within the expiry date. Medicines which do not meet these criteria will not be administered.

- 6.7** Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy. However, it may be necessary at times for this to take place offsite if pupils are on trips (eg administering Buccal if a pupil requires it during an offsite visit).
- 6.8** Medications will be stored in the Medical Room accessible to all staff at all times. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- 6.9** School uses Medical Tracker cloud-based solution to record pupils' medical conditions, care plans, seizure logs, medication records and first aid incidents This includes ad-hoc medication given with parent/carer permission (eg Calpol, Neurofen, Paracetamol).
- 6.10** Medication details and health conditions (dosages, timings etc) will be recorded in the pupil's profile in Medical Tracker.. This will be done for new starters by Marie Harewood. Any changes to medication **ONLY** following this will be recorded by the Class Team in Medical Tracker. Marie Harewood is responsible for updating all pupil's medical conditions in Medical Tracker.
- 6.11** The Class Team is responsible for ensuring they are aware of pupils' health conditions and that pupils' receive their medication.
- 6.12** It is recognised that staff may need to carry medication with them at all times when supporting pupils if they are going off site or if it is necessary to administer medication quickly (eg Buccal, adrenaline pens). Staff must ensure that they carry the medication with them in a suitable bag on their person, which should be kept closed at all times. Staff must check the contents of the bag and the condition of the bag for tears or rips on a daily basis and sign the bag checklist (Appendix 8). Any defects with the bag must be reported to the School Business Manager immediately so that a replacement can be issued.
- 6.13** The School Business Manager will check on a termly basis that forms are being completed. This may be checked on a number of different bags each term. This will ensure that the staff are checking and recording the bags and contents.
- 6.14** Staff will make a note in Medical Tracker of medication remaining in school for all medication after medicating pupils A request will be sent to parents **by a member of the class team** for more medication when there is 5 days' worth of any medication remaining in school (1/2 bottle for liquid medicines).
- 6.15** Any medications left over at the end of the course will be returned to the child's parents. Sharps bins should always be used for the disposal of needles and other sharps.

- 6.16** Records will be kept of any medication administered to children on Medical Tracker software following the process outlined in Appendix 9. This should be recorded **by a member of the class team (where there is a first aider) and witnessed by another adult** supporting the administration of medication. **Should the class team not have an appointed first aider, this should be done by a member of the WEST team.**
- 6.17** Medical Tracker is cloud-based and accessible by staff when offsite wherever there is internet access/WiFi. However, in the event of staff not having internet access when offsite, a Record Medical Use (RMU) (Appendix 11) should be completed. Visit Leaders or First Aiders supporting trips should ensure that a form is generated for all pupils requiring medication prior to offsite visits. The details recorded on the RMU will be entered onto Medical Tracker on return to school **by the designated first aider for the visit before leaving work.** The RMU will be returned to a designated point and these will be randomly audited by Marie Harewood every week to ensure that RMUs have been recorded in Medical Tracker. The process for this is detailed in Appendix 10.
- 6.18** In the event of staff not being able to access the internet onsite (eg system failure and RMU will be completed as in 6.17.
- 6.19** First aid incidents for pupils will be recorded in Medical Tracker and an email sent home through the system to notify parents/carers of these. If pupils' receive a Head Injury, a phone call will be made by the First Aider to parents/carers to notify them of this before the pupil leaves school.
- 6.20** Pupils will never be prevented from accessing their medication.
- 6.21** The Westminster School cannot be held responsible for side effects that occur when medication is taken correctly.
- 6.22** Asthma inhalers are kept in school for emergency use. The school follows the Department of Health protocol for their use.
- 6.23** All medicines should be administered by a suitably trained member of staff. When dispensing medication, the process should be supported by another member of staff. This person may not be a first aider but should also be responsible for reading documentation regarding administration of medication for the pupil. In the event of there not being a trained member of staff in a class to administer medication, the Class Teacher/Learning Support member will contact one of the following to administer medication: Leeanne Hocknull, Sam Coffield, Abbie Gilbert, Fitz Storrod, Jade Allen, Denise Taylor.
- 6.24** Dates on medications and medication checks, to ensure that medicine is in the locked medical cupboard and in carry bags, should be carried out regularly.
- 6.25** If medication is found to be missing or lost, this must be reported to the Head's PA immediately. An email alert will be sent to all staff and Mitie caretaking staff will be asked to conduct a search of the school.

## **7 Day trips, residential visits and supporting activities**

- 7.1** Governing bodies should ensure that their 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.
- 7.2** Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should 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.
- 7.3** Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits it is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **8 Palliative Care**

- 8.1** There may be an occasion for us to support pupils who have palliative care in place. We respect the wishes of the child/young person and their family. If this includes supporting the child/young person to remain in school, we do whatever is reasonably practicable to enable this to happen. Every child is unique and will have different medical and emotional requirements. We work with families and the relevant health professionals to agree suitable plans to ensure the safety and well-being of the child/young person. Sometimes this requires Health Teams to provide additional medical/care staff to meet the needs of the child/young person. We also require up-to-date Care Plans to be in place, with all supporting documentation, to ensure the procedures are clear and that all relevant staff and agencies are fully informed. If there is a delay in organising the plans and resources, we will provide home learning for the pupil until the arrangements have been put into place. In these cases, we prioritise the needs of the child and work with families and relevant healthcare professionals to expedite the arrangements.

In order to fulfil our duty of care towards our employees, we work with staff to support their emotional well-being at all stages, and we provide a free and confidential Employee Assistance Programme, with a range of counselling services. We recognise that education staff are not legally required to provide medical support, and that they have not chosen a profession related to palliative care.

## **9 Emergencies**

- 9.1** Medical emergencies will be dealt with under the school's emergency procedures.
- 9.2** Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
- What constitutes an emergency.
  - What to do in an emergency.

**9.3** Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

**9.4** If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## **10 Avoiding unacceptable practice**

**10.1** The Westminster School understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion (although this may be challenged).
- Sending pupils home frequently or preventing them from taking part in activities at school, including lunch unless this is specified in their IHCP.
- Sending the pupil to the medical room or school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.

## **11 Insurance**

**11.1** All staff who undertake responsibilities within this policy are covered by the Local Authority insurance.

**11.2** Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Business Manager.

**11.3** Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with

## **12 Complaints**

**12.1** The details of how to make a complaint can be found in the Complaints Policy:

- 12.1.1 Stage 1 - Complaint Heard by Staff Member/Deputy or SENCO
- 12.1.2 Stage 2 - Complaint Heard by Head Teacher
- 12.1.3 Stage 3 – Complaint Heard by Governing Body

## 13 Further sources of information

### Other safeguarding legislation

- 13.1** Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the code of conduct of the school, promote the wellbeing of pupils at the school.
- 13.2** Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.
- 13.3** Section 3 of the Children Act 1989 confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.
- 13.4** Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.
- 13.5** Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, ICSs and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.
- 13.6** The Health and Care Act 2022: 3 gives ICSs a duty to arrange for the provision of health services to the extent the ICS considers it necessary to meet the reasonable needs of the persons for whom it is responsible. **Section 3A** provides for an ICS to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.
- 13.7** Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:
- They **must not** discriminate against, harass or victimise disabled children and young people
  - They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.

## 14 Other relevant legislation

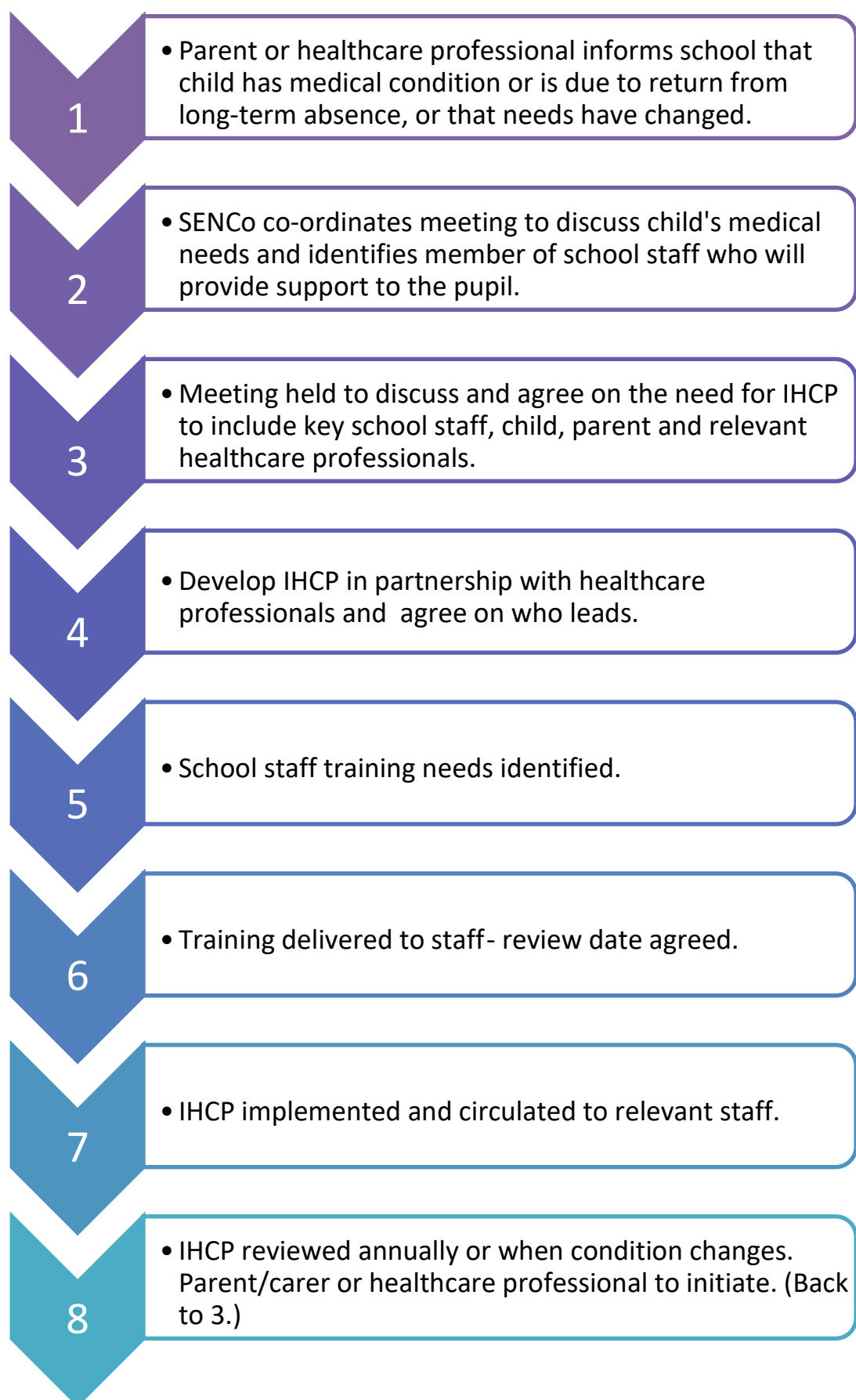
- 14.1** Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.
- 14.2** Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.
- 14.3** The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.
- 14.4 Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** Provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).
- 14.5 The Special Educational Needs and Disability Code of Practice**
- 14.6 Section 19 of the Education Act 1996** (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as in a child's best interests because of their health needs.

## 15 Associated resources

View links to other information and associated advice, guidance and resources e.g. templates, and to organisations providing advice and support on specific medical conditions.



## Appendix 1 - Individual healthcare plan implementation procedure



## Appendix 2 - Individual healthcare plan template

### Health Care Plan for a Child with Medical Needs

Photo	Name:	
	Date of Birth:	
	Current Year/Class:	
	Medical Conditions(s):	
	NHS No:	

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#### Family Contact 1:

Name:	
Home Telephone:	
Work Telephone:	
Relationship:	

#### Family Contact 2:

Name:	
Home Telephone:	
Work Telephone:	
Relationship:	

**GP:**

Name:

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Telephone:

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**Hospital Clinic Contact:**

Name:

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Telephone:

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Office number – 0121 507 2633 or 0121 552 6185

**Details of medical symptoms: (including any regular medications):**

--

**Regular requirements: (eg PE; lunchtimes)**

--

**What constitutes an emergency, and what action should be taken:**

--

**Care Plan Written by:**

Name:

--

Designation:

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Date Plan Written:

Date due for review:

Parent Signature

**Copies of Plan to:**

<input checked="" type="checkbox"/> School	<input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> CCN	<input type="checkbox"/> Paediatrician or GP
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**Review of Care Plan:**

Name:

Designation:

Date Plan  
Reviewed:

Date due for review:

**Review of Care Plan:**

Name:

Designation:

Date Plan  
Reviewed:

Date due for review:

**Review of Care Plan:**

Name:

Designation:

Date Plan Written:

Date due for review:


**Copies of Plan to:**

<input type="checkbox"/> School	<input type="checkbox"/> Family	<input type="checkbox"/> CCN	<input type="checkbox"/> Paediatrician or GP
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**Data Protection Act, 1998**

The information that you supply on this form will be used by the Children and Young Peoples Services for the purpose of maintaining and improving the level of service given for young people within Sandwell MBC. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within the Children and Young Peoples Services.

Sandwell MBC Children and Young Peoples Services will supply basic identifying information for inclusion on ContactPoint, which is a contacts list for professionals who work with children and young people. It will provide professionals with a quick way to find out who else is working with the same child, making it easier to deliver more coordinated support. ContactPoint lists contact details for all children in England up to their 18<sup>th</sup> birthday, their parents and carers and services working with the young person.

For further information visit: [Department for Children, Schools and Families \(Every Child Matters\)](#)

## Appendix 3



### MEDICATION TO BE ADMINISTERED AT SCHOOL

<b>Name of pupil</b>	
<b>Class</b>	
<b>Date of Birth</b>	

Medical conditions:

--

**Medication to be administered:**

Medication name	
Medication type  <b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>	Liquids/tablets/dissolvable powder*  <i>*delete as appropriate</i>
Dosage	
Time	
Special instructions	

Is this medication:

Short Term Use

☐

Long Term Use

☐



Side effects with medication - Please give details if any below.

**Is this medication:**

To be kept in school ☐

Returned home daily ☐

*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 of Parents/Carers \_\_\_\_\_

Print name \_\_\_\_\_

Date form completed \_\_\_\_\_



## Appendix 4

### Request for pain relief medication

#### Request for pain relief medication

Your child \_\_\_\_\_ has requested pain relief medication for the following reasons \_\_\_\_\_

Medication Administered \_\_\_\_\_

Date: \_\_\_\_\_ Time Given \_\_\_\_\_

#### Please Tick

☐

We have called you to inform and request your permission

☐

We have checked that there is a 4 hour clearance between any other pain relief medication

☐

Parents informed staff/school directly to administer pain relief medication

First Aider \_\_\_\_\_

Yours faithfully

## Appendix 5

### Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

- Your telephone number – **0121 561 6884** • Your name.
- Your location as follows: **The Westminster School, Hawes Lane, Rowley Regis, West Midlands, B65 9AL**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms. The best entrance to use and state that the crew will be met and taken to the patient.
- Ask Admin to print off pupil record from SIMS to give to the crew.
- Please complete the form in Appendix 6.

## Appendix 6

### Request for 999 Support Form



The Westminster School  
Safe, Happy and Learning Together

Please complete <u>all</u> sections					
Name of Child:					
Date of Birth:					
Class:					
Name of First Aid Response:					
Which 999 service was required? (Please tick as appropriate)					
Ambulance		Fire		Police	
Reason for Calling 999:					
Time 999 called:					
Arrival of 999:					
Parents Contacted:		Yes		No	
		Other Relative			
Further Comments:					
First Aider Name:					
First Aider Signature:					
Date:		/ /			
Please file this completed sheet in the 999 Request Folder					

## Appendix 7

### Model letter inviting parents to contribute to individual healthcare plan development

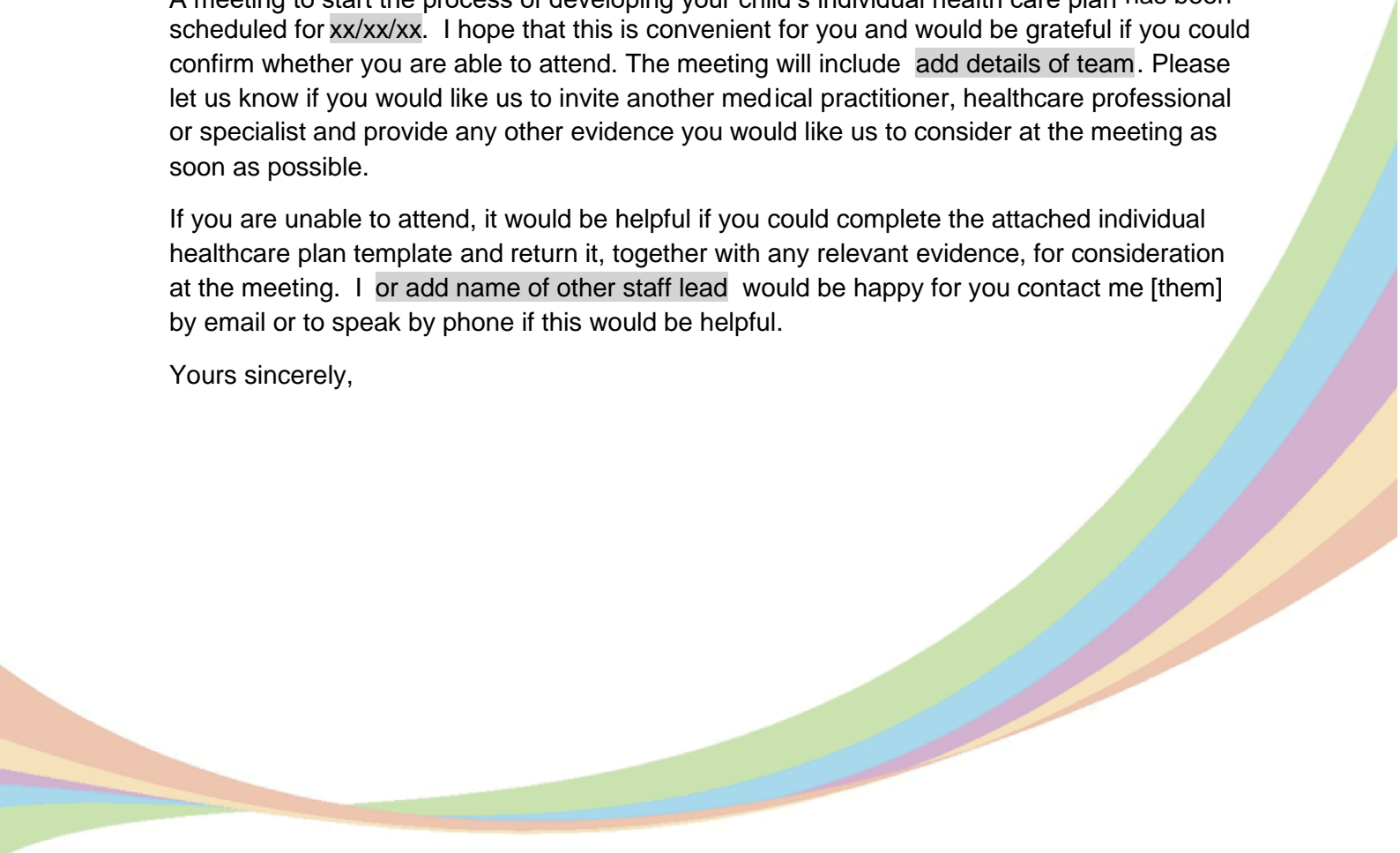
Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

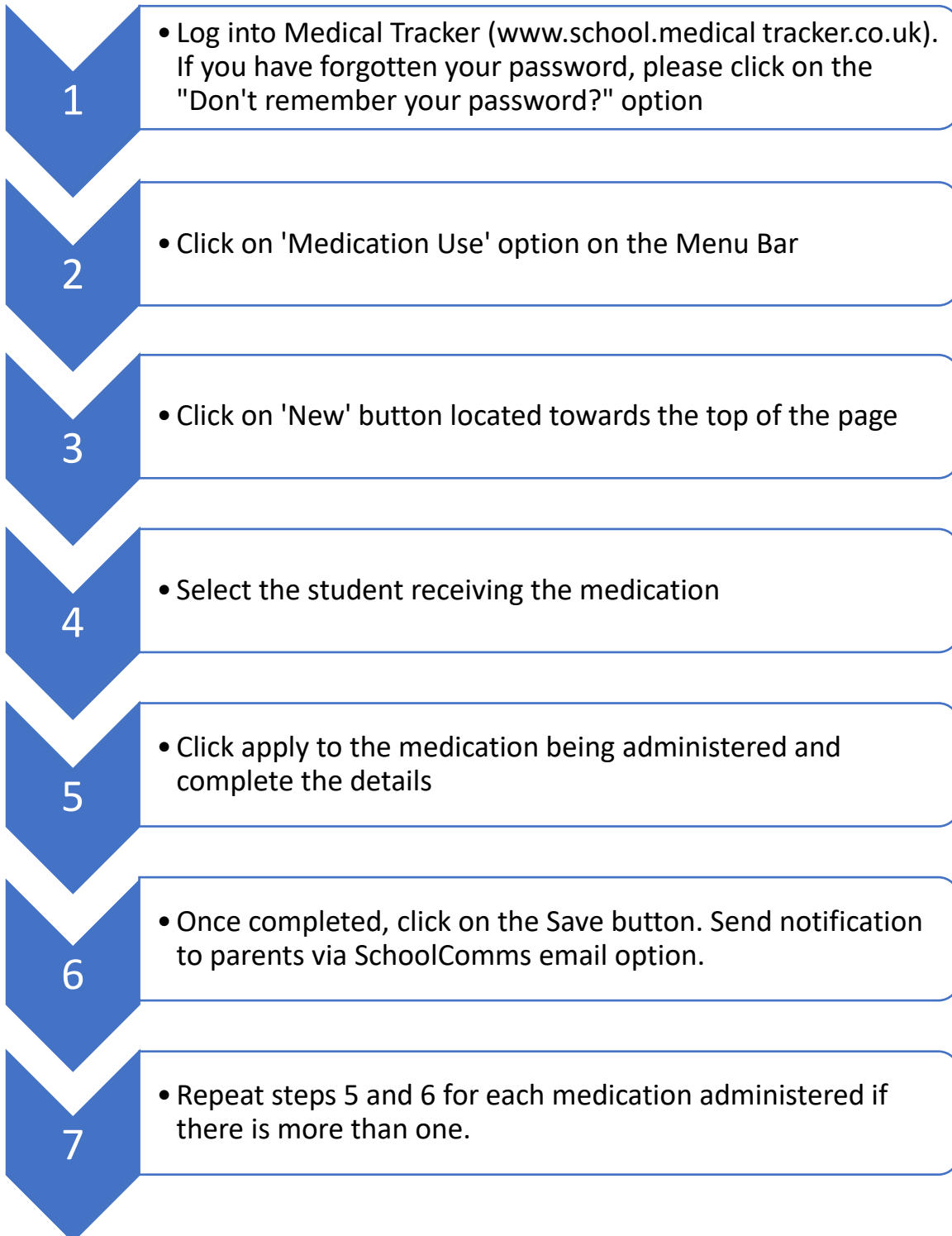




[illegible]

## Appendix 9

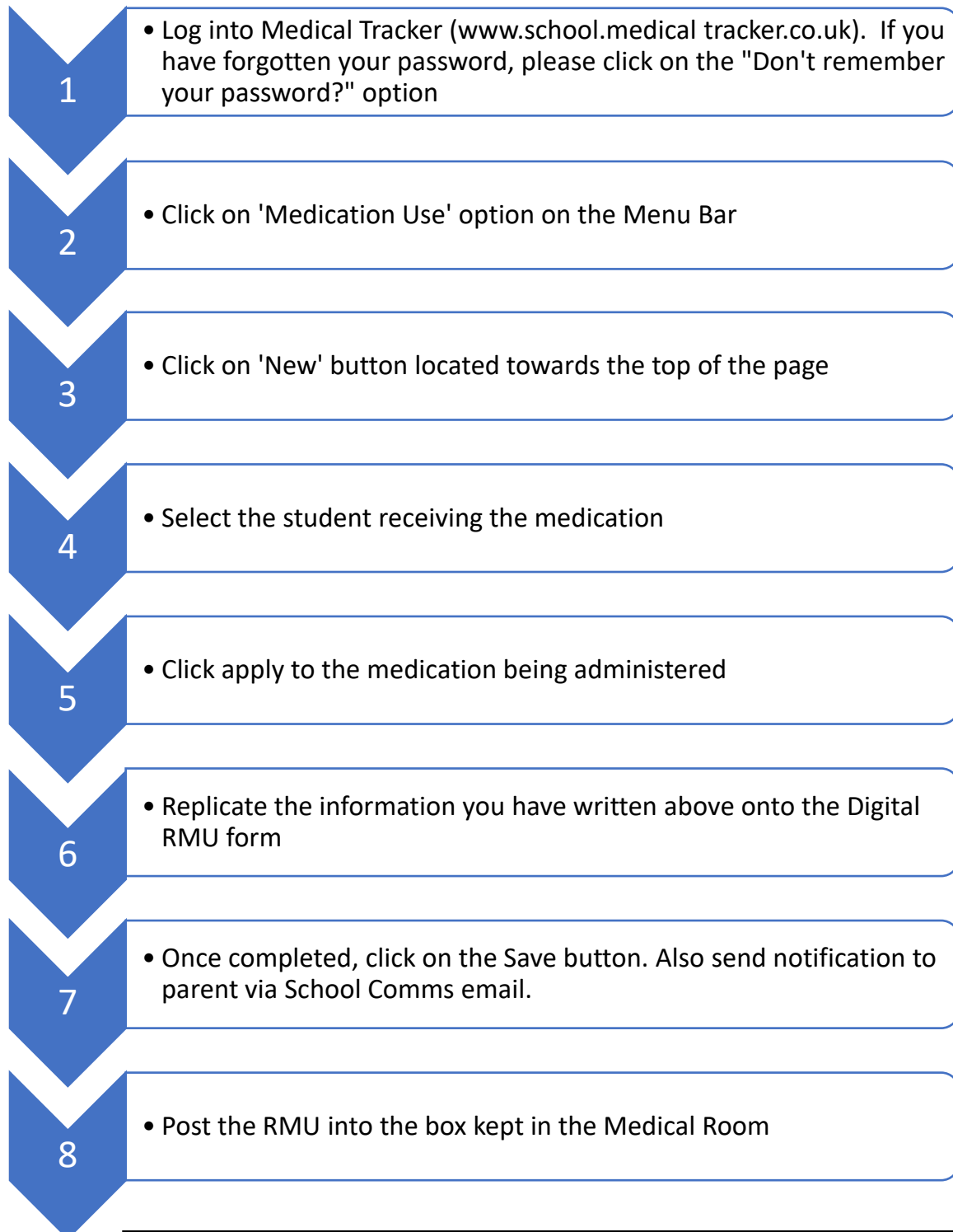
### Administering Medication at School



A video walkthrough of the process is available here:  
<https://help.medicaltracker.co.uk/en/training-webinar-recording-incidents-and-medication-use-with-parent-notifications>

## Appendix 10

**Process for Logging Medication on Medical Tracker after Offsite Activities (where there has been no access to the internet/Wifi)**



A video walkthrough of the process is available here:  
<https://help.medicaltracker.co.uk/en/training-webinar-recording-incidents-and-medication-use-with-parent-notifications>

Appendix 11



The Westminster  
School



Please complete this Record Medical Use (RMU) form to document any medication which has been administered to a student. You must complete a separate form for each different type of medication being administered.

<b>Student receiving Medication:*</b>		<b>Medication Use Date:*</b>		<b>Medication Use Time:*</b>	
<b>Name of Medication:*</b>			<b>Exact dosage administered:*</b>		
<b>Medication Administered by <u>Staff Name 1</u> *</b>			<b>Medication Administered by: <u>Staff Name 2</u> *</b>		
<b>Any side effects experienced?</b>					
<b>Notes:</b>					

Once this form is complete, please keep this safe until you return to site. Once on site please log this information as it appears above on Medical Tracker.

**Logging this RMU Form on Medical Tracker**

1. **Log into Medical Tracker** ([www.school.medicaltracker.co.uk](http://www.school.medicaltracker.co.uk)). If you have forgotten your password, please click on the 'Don't remember your password?' option.
2. **Click on 'Medication Use'** option on the Menu Bar.
3. **Click on 'New' button** located towards the top of the page.
4. **Replicate the information you have written above onto the Digital RMU form.**
5. Once completed click on the **Save** button.
6. You can now post this in the RMU post box located within the medical room (WM-G-27)