



Diocese of Norwich  
St Benet's  
Multi Academy Trust



Diocese of Norwich  
Education and  
Academies Trust

# **The Harleston Federation (Harleston Primary Academy and Archbishop Sancroft High School)**

# **Supporting Pupils with Medical Conditions Policy**

<b>Policy Type:</b>	Trust Core Policy
<b>Approved By:</b>	DNEAT/St Benet's Trust Board
<b>Approval Date:</b>	30/10/2019
<b>Date Adopted by LGB:</b>	28/11/2019
<b>Review Date:</b>	October 2022
<b>Person Responsible:</b>	Chief Executive Officer

## Summary of Changes

The model policy has been revised to reflect these changes to the statutory guidance as outlined below.

<b>Page Ref.</b>	<b>Section</b>	<b>Amendment</b>	<b>Date of Change</b>
3	Intro	Inclusion of SEND pupils and explanation of Educational, health and care plan (EHCP)	Oct 19
5	IHP	Inclusion of further guidance on Individual Health Care Plans	Oct 19
7	New Section	Section on use of Adrenaline auto-injectors (AAI's) following Department of Health updated guidance	Oct 19
9	Emergency Procedures	Inclusion of further guidance for staff on hospital visits and transport of pupils	Oct 19
9	Day trips and Sporting activities	Inclusion of further guidance on adjustments for all pupils	Oct 19
13	New Section	Inclusion of section of defibrillators	Oct 19

## Roles and Accountabilities

The Diocese of Norwich Education and Academies Trust/St Benet's Trust is accountable for all policies across its Academies. All policies whether relating to an individual academy or the whole Trust will be written and implemented in line with our ethos and values as articulated in our prospectus. We are committed to the provision of high quality education in the context of the Christian values of service, thankfulness and humility where individuals are valued, aspirations are high, hope is nurtured and talents released.

A Scheme of Delegation for each academy sets out the responsibilities of the Local Governing Body and Principal / Head Teacher. The Principal / Head Teacher of each academy is responsible for the implementation of all policies of the Academy Trust.

All employees of the Academy Trust are subject to the Trust's policies.

## Commentary

In April 2014 the DfE published new guidance 'Supporting pupils at school with medical conditions'. That guidance contains both statutory and non-statutory guidance. This policy covers both elements.

New guidance has been issued because section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. The term 'medical conditions' is not defined in the Act or the guidance but our interpretation is:

**Short Term:** affecting children's participation in school activities and for which they are on a course of medication

**Long Term:** potentially limiting children's access to education requiring extra care and support (deemed **special medical needs**). This may include a medical condition under control by use of drugs but with the potential for relapse.

## Introduction

From 1 September 2014 the academy is under a duty to make arrangements for supporting pupils with medical conditions. This policy sets out what those arrangements are. This policy follows the guidance published by the DfE in April 2014 'Supporting pupils at school with medical conditions'.

This policy is restricted to pupils with an ongoing medical problem. Minor or short term or one-off medical problems are covered by the separate First Aid Policy.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHCP) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

The academy will maintain a focus on each individual child with a medical condition and seeks to give parents and pupils confidence in the academy's ability to provide effective support for medical conditions in school.

The academy will always aim to:

- have a good understanding of how medical conditions impact on a child's ability to learn
- increase the child's confidence
- promote self-care

## Procedures

### **When the academy is notified that a pupil has a medical condition:**

Administration staff, Headteacher, Class Teachers and any adults working with the child will be informed of any medical condition/s. A meeting will be held with parents and other relevant professionals to establish the level of need and to support the completion, where required, of an Individual Healthcare Plan\* (IHP). Notes will be completed from all meetings held. This may be reviewed in conjunction with the Educational Health Care Plan (EHCP) if applicable.

Appropriate paperwork will be completed: risk assessments, the IHP and arrangements, such as purchasing resources which may be required, will be put into place in order to prepare for the child's needs to be met. These tasks will be completed in a timely fashion.

Updates will be made to all notes and plans as required, although regular meetings will take place to ensure all procedures meet the potentially changing needs of a child. These meetings will take place at least termly or more frequently as required.

### **\*Individual Healthcare Plans (IHPs)**

Individual Healthcare Plans "IHP" exist to document a child's medical needs and provision being made for those needs. See Appendix 1 *Developing Individual Healthcare Plans*. They are a useful tool for the academy to use to ensure that it meets the needs of the child. They are written with input from all the relevant parties including the school nurse, welfare assistant and parent.

IHPs will be developed with child's best interests in mind and will ensure that the academy assesses and manages risks to the child's education, health and social well-being as well as minimising disruption.

IHPs will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

The following information will be recorded on IHPs:

- 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
- 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 academy needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil (Secondary)during academy hours;
- separate arrangements or procedures required for academy trips or other academy activities outside of the normal academy timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency (**appendix 7**), 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.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.

Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

**See Appendix 2 for IHP format.**

**See Appendix 8 for model letter inviting parents to contribute to individual healthcare plan development**

### **Child's Role in Managing Own Medical Needs**

Children may be competent to manage some/all their own medical needs and medicines. Where this is the case, this will be clearly stated on their IHP. Children will be positively encouraged to take responsibility, after discussion with parents, and this will be reflected in IHPs. Where a child is reluctant to take on this responsibility, the academy will support the child to reach the level of responsibility agreed and this will be documented in the IHP.

**Where possible children will be able to access their own medicines or devices quickly.**

No child will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

### **Managing Medicines on Academy Premises**

- Medicines should only be administered at the academy when it would be detrimental to a child's health or attendance not to do so.
- The dosage and administration of medicines are checked and signed by a member of staff (a record of medicine administered will be held in the academy office.)
- Medicines will only be administered when the academy's permission slip has been completed and signed by parents/carers
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside academy hours
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- The circumstances in which the academy will administer non-prescription medicines will be set out in the IHP
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- The academy will only accept prescribed medicines 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 still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. 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 off academy premises e.g. on academy trips.

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. **However, due to the age range of the children in the academy**, the academy will keep controlled drugs that have been prescribed for a pupil securely stored **and under the control of an adult** and only teaching and administration staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held by the academy.
- Appropriately trained academy staff may administer a controlled drug to the child for whom it has been prescribed **but only following the completion of the appropriate authorisation form from the parent/carer (appendix 3)**. Staff administering medicines should do so in accordance with the prescriber's instructions. The academy will keep a record of all medicines administered to individual children (**appendix 4**), stating what, how and how much was administered, when and by whom (**appendix 5**). Any side effects of the medication to be administered at the academy will be noted.
- If a child refuses to take prescribed medicine as authorised by the parent and in accordance with the prescriber's instructions, the parent must be contacted immediately and this noted on the academy records. If refusal to take medicine results in an emergency, the academy's emergency procedures should be followed.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### **Adrenaline auto-injectors (AAIs)**

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the academy's Administration of Medicines Policy.

A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Where a pupil has been prescribed an AAI, this will be written into their IHP.

**[Secondary schools only]** Pupils who have prescribed AAI devices are able to keep their device in their possession.

**[Primary schools only]** Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession

**[Primary schools only]** For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central location: the school office.

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via the internal telephone system or walkie talkie.

Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches.

The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures.

The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.

Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted, and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the academy's device.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of six, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-11 years, a dose of 300 micrograms of adrenaline will be used.

For children aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

### **Record keeping**

Written records must be kept of all medicines administered to children



### **Procedures for Emergency Situations**

Arrangements will be in place for what to do in the event of an emergency. These will be laid out in the IHP (Appendix 2) and will include:

- What constitutes an emergency situation for the child-signs and symptoms
- Who needs to be available to support and what they need to do
- What to do in the event of hospitalisation

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems

### **Day trips visits and sporting activities**

Where possible the academy will offer flexibility and make reasonable adjustments so that pupils with medical conditions can take part. The academy will be clear what is required to support pupils with medical needs in participating in academy trips and visits, or in sporting activities and arrangements for these will be laid out in the IHP.

The academy will carry out risk assessments regarding the participation of pupils with medical needs. The academy will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

The academy may meet parents as part of preparing to meet the child's needs on a trip. Where possible the academy will arrange adjustments to the programme, accommodation or food provision to meet a child's needs.

For instances where children experience common medical conditions (e.g. diarrhoea, slapped cheek) medical guidance will be adhered to in order to ensure all timescales are met and, infection periods are avoided.

### **Unacceptable practice**

It will be unacceptable 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; 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 academy activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend the academy to administer medication or provide medical support to their child. No parent should have to give up working because the academy is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of academy life, including academy trips, e.g. by requiring parents to accompany the child

### **Policy Implementation**

- The Headteacher has overall responsibility for the implementation of this policy
- The academy is committed to making sure that all relevant staff will be made aware of the child's condition. Where relief staff or new adults are supporting within a child's class, administration staff and /or Class Teachers will explain their needs and requirements.
- The academy has arrangements in place in case of staff absence or staff turnover to ensure someone is always available. Adults within the phase (teachers and teaching assistants), as well as at least one member of the administration staff, will be aware of the child's needs and procedures surrounding their daily life at school. The academy will endeavour to ensure there is always an adult, who knows the needs of the child, on site.
- The academy will make sure risk assessments for academy visits, holidays, and other academy activities outside of the normal timetable include provision for pupils with medical conditions. Risk assessments for trips will be overseen by the Headteacher.
- The academy will monitor individual healthcare plans. IHPs will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

## **Roles and Responsibilities**

Roles of those involved in providing support for pupils with medical conditions are given in brief as follows:

### **Governing Bodies**

- Must make arrangements to support pupils with medical needs, including making sure a policy is developed and implemented
- Must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- Ensure staff have access to information and other teaching materials

### **Headteacher**

- Ensure policy is developed and adequately implemented with partners
- Make sure all staff are aware of the policy and understand their role in implementation
- Ensure all staff who need to know are aware of a particular child's medical condition
- Ensure sufficient staff are appropriately trained
- Overall responsibility for the development of Individual Healthcare Plans
- Make sure staff adequately insured and made aware of cover
- Making sure school nurse is aware of pupils requiring support

### **Academy Staff**

- Any member of academy staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- Academy staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of academy staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **School Nurses**

- The academy will either have an employed nurse or access to school nursing services.

- They are responsible for notifying the academy when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the academy.
- They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

#### **Other Healthcare Professionals**

- Should notify the school nurse of pupils requiring support.
- May provide advice on developing IHPs

#### **Pupils**

- Provide information about how their condition affects them.
- They should be fully involved, at a level appropriate to their age and stage, in discussions and contribute to their IHP

#### **Parents**

- Provide the academy with sufficient up to date information
- Are involved in development and review of IHP
- Should carry out any action they agreed to as part of implementation of IHP

#### **Local Authorities**

- Are commissioners for school nurses as well as maintained schools.
- Have a duty to promote co-operation between relevant partners

#### **Clinical Commissioning Groups**

- Responsible for commissioning other healthcare professionals such as specialist nurses.
- They have to ensure that commissioning is responsive to children's needs and that health services can cooperate with schools

#### **Ofsted**

- The inspection framework places clear emphasis on meeting needs of disabled children and pupils with SEN. Inspectors are briefed to consider pupils with medical conditions alongside these groups and to report on how well their needs are being met.

## **Staff Training**

The academy has a responsibility to ensure staff are properly trained and any member of staff providing support to a pupil with medical needs will receive suitable training.

Staff must not give prescription medicines or undertake health care procedures without appropriate training.

- Where possible and relevant, staff will be involved with the completion of risk assessments and will be clear on their role in their implementation
- Training needs will be assessed both with professionals such as school nursing, physiotherapists and the staff themselves. Appropriate training will then be sought by academy or individuals within the medical team supporting the child and the training will then be undertaken.
- Where required, whole staff training (eg, deaf awareness training) will be arranged in order for all staff to support a child in their daily lives at school
- Staff training will be organised by the Headteacher.

Record of Training template (**Appendix 6**).

## **Insurance**

Where required, the academy will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

## **Defibrillators (If in situ)**

Academies must have permission from the Trust prior to installation of an automated external defibrillator (AED) and must fulfil and evidence the following:

- The academy has a MedianaHeartOn A15 automated external defibrillator (AED).
- The AED is stored in the medical room in an unlocked, alarmed cabinet.
- All staff members and pupils are aware of the AED's location and what to do in an emergency.
- A risk assessment regarding the storage and use of AEDs at the schools has been carried out.
- No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- The emergency services will always be called where an AED is used or requires using.
- Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by name of designated person, with a record of all checks and maintenance work being kept up to date by the designated person.

**Complaints handling**

Any complaint in relation to this policy or the academy's implementation of it should be raised in accordance with the academy's ordinary complaint's policy.

**Equal opportunities**

This policy applies to all children regardless of their gender, colour, ethnicity, ability or disability, religion or nationality.

**Review Frequency and Monitoring**

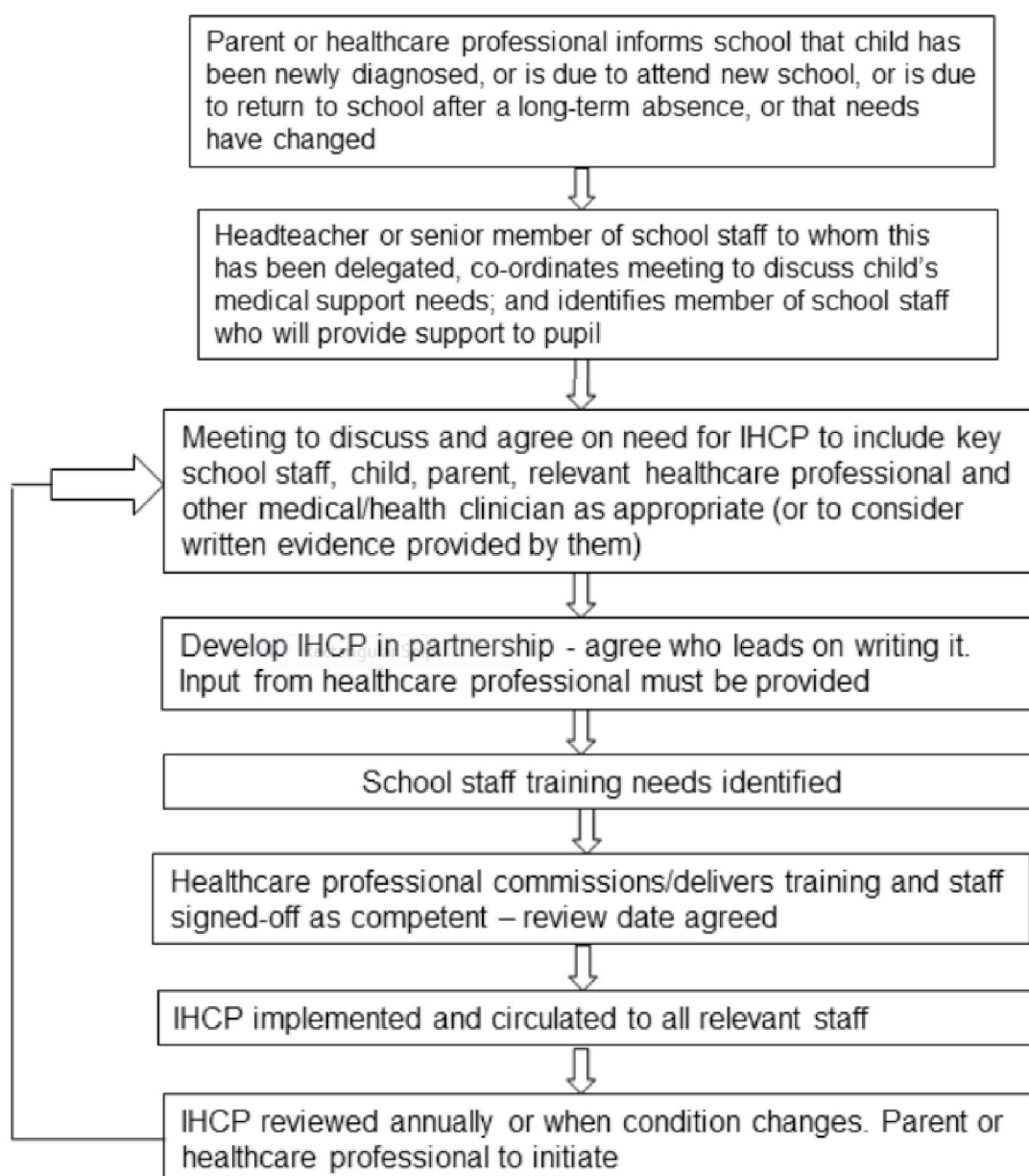
The implementation and impact of this policy will be monitored and the policy will be reviewed every three years.

**Links to other policies:**

- Safeguarding
- Health and Safety
- Attendance
- Anti-bullying
- Equal Opportunities
- Administration of Medicines
- Intimate Care

## Appendix 1

### Annex A: Model process for developing individual healthcare plans



Source  
*Supporting Pupils at School with Medical Conditions*  
Statutory Guidance April 2014

## Appendix 2

### Individual Healthcare Plan

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)	

#### Clinic/Hospital Contact

Name	
Phone no.	

#### G.P.

Name	
Phone no.	

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

--



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

### Appendix 3

## 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	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
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 \_\_\_\_\_  
(Parent/Carer/Guardian/Person with parental responsibility)

**Appendix 4**

**Record of Medicine Administered to an Individual Child**

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			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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			
Time given			
Dose given			
Name of member of staff			
Staff initials			



## Appendix 6

### Staff Training Record – Administration of Medicines

Name of school/setting	
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

## Appendix 7

### 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.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## Appendix 8

### Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent

#### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the academy'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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the academy, parents, 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 on 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 involve [the following people]. 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 another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely