

LEYS FARM JUNIOR SCHOOL
SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY AND PROCEDURE 2023

Headteacher: Miss S. Thomas

Designated Governor: Mrs S. Tipler

SENCo: Miss R. Stoney and Miss S. Thomas

Legislative Background

At Leys Farm Junior School (LFJS) we recognise and will meet our duties and responsibilities in relation to supporting children at school with medical conditions. These duties and responsibilities are contained in the legislation and statutory guidance listed below:

- Department for Education's statutory guidance - 'Supporting pupils at school with medical conditions' April 2014 (updated June 2014) – governing bodies, proprietors and management committees must have regard to this guidance in order to meet the duty / responsibilities of the Children and Families Act 2014;
- Children and Families Act 2014 (Section 100) – places a duty upon governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions;
- Equality Act 2010 – some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010;
- Special Educational Needs and Disability (SEN-D) Code of Practice July 2014 – some children with medical conditions may also have special educational needs (SEN-D) and may have an Education, Health and Care Plan (EHCP). For children with SEN-D this policy/procedure should be read in conjunction with school SEN-D policies and the SEN-D Code of Practice;
- Human Medicines (Amendment No. 2) Regulations 2014 – allows schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency. **LFJS staff and Governors have agreed to this for emergency use.**

Introduction

At LFJS children with medical conditions, in terms of both physical and mental health, will be appropriately supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Children with medical conditions will be encouraged and supported to access and enjoy the same opportunities at school as any other child.

We recognise that children with long-term and complex medical conditions may require on-going support, medicines or care whilst at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. LFJS recognises that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact upon a child's educational attainment and support his or her emotional and general well-being, including any necessary reintegration programmes. The school will strive to give children and their parents/carers confidence in the school's approach.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education, Health and Care Plan (EHCP) – also introduced by the Children and Families Act 2014. LFJS will work together with other schools, health professionals, other support services and the Local Authority. Sometimes it will be necessary for the school to work flexibly, for example, by means of a combination of attendance at school and alternative provision / personalised learning.

Policy Arrangements

- the Headteacher, will ensure that sufficient staff are suitably trained;
- all relevant staff including supply and other temporary staff will be made aware of the child's condition;
- cover arrangements will be put into place to cover for staff absence to ensure appropriate provision is always available;
- risk assessments will be put into place for educational visits, and other school activities outside the normal timetable, and
- Individual Healthcare Plans (IHPs) will be monitored and involve appropriate health care professionals and parents/carers.

Procedure to be Followed when Notification is Received that a Child has a Medical Condition

The school, in consultation with all relevant stakeholders including parents/carers, will:

- ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to the existing IHP;
- ensure that arrangements are implemented following reintegration into the school or when the needs of a child change;
- put arrangements into place in time for the start of the new school term;
- in other cases, such as a new diagnosis or children moving to a new school mid-term, make every effort to ensure that appropriate arrangements are in place within two weeks;
- provide support to children where it is judged by professionals that there is likely to be a medical condition;
- ensure that any staff training needs are identified and met.

Individual Healthcare Plans (IHP)

The school's SENCo or Pastoral Manager are responsible for developing IHPs – in liaison with, and with appropriate oversight of, a relevant healthcare professional (e.g. school nurse/nurse specialist – diabetes/epilepsy/paediatrician, etc). The purpose of an IHP is to ensure that there is clarity about what needs to be done, when and by whom.

An IHP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex and require specific management. However, not all children will require an IHP. The school, healthcare professionals and

parents/carers will agree, based upon evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view.

A flow chart for agreeing the support required is provided in [Annex A](#) and a template IHP is provided in [Annex B](#). Input from a healthcare professional must be provided.

The IHP is confidential to parents/carers and young person and to those school staff who need to know. The level of detail within an IHP will depend upon the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have an EHCP, their special educational needs will be referred to in their IHP.

IHPs, and their review, may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care for the child. IHPs will be drawn-up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. Specialist Nurse, School Nurse or other health professional. Wherever possible, the child should also be involved in the process. The aim is to capture what needs to be done to help staff and the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the school.

IHPs will be reviewed at least annually or more frequently if evidence is presented that the child's needs have changed. IHPs are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any EHCP, as appropriate.

Information to be Recorded

When deciding upon the information to be recorded on IHPs, the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the child'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, stairs, travel time between lessons;
- specific support for the child's educational, social and emotional needs, e.g. tests, use of rest breaks or additional support in catching up with lessons, counselling sessions;
- the level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated, with appropriate arrangements for monitoring;
- who will provide the 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/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the child 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. appropriate Individual Risk Assessments;
- where confidentiality issues are raised by the parent/carer or child, the designated individuals to be entrusted with information about the child's condition;

- '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 the development of their school IHP;
- informing/sharing appropriate IHP information with other relevant bodies (e.g. Home to School Transport) – through appropriate agreement/consent;
- the school will keep records of medicines given to children, including time/date and route of administration. Records offer protection to staff and proof that they have followed agreed procedures. The school will keep a separate folder for any child who needs medication to be administered by the child or a member of the staff whilst in school. Staff involved should complete and sign a record sheet each time they give medication to a child. Form Annex C can be used for this purpose. If the child transfers school's copies of the folder's contents will be forwarded to the next school.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

Governing Body

The Governing Body will ensure that:

- children in school with medical conditions are supported;
- this policy is reviewed at least annually, developed, implemented and monitored;
- staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions;
- there are quality assurance systems in place to ensure that children in school with medical conditions are supported (e.g. case monitoring/assurance audits).

Headteacher

The Headteacher has overall responsibility for the development of IHPs. The Headteacher will ensure that:

- the *Supporting Pupils at School with Medical Conditions Policy/Procedure* is developed and effectively implemented with partners, including ensuring that all staff are aware of the policy and that they understand their role in implementing the policy;
- the Headteacher will ensure that all staff who need to know are aware of a child's medical condition;
- sufficiently trained staff are available to implement the policy and deliver against all the IHPs, including in contingency and emergency situations;
- ensure that all staff are appropriately insured to support children in this way;
- Staff liaise with the school nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

School Staff

Any member of the school staff may be asked to provide support to children with medical conditions, including the administration of medicines.

Any member of school staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

Children

Children with medical conditions may be best placed to provide information about how their condition affects them. They will be involved in discussions about their medical support needs and contribute as much as possible to the development of, and review of, their IHP. Other children will often be sensitive to the needs of those with medical conditions and this will be considered as part of wider planning.

Parents/Carers

Parents/Carers should provide the school with sufficient and up-to-date information about their child's medical needs. At LFJS, parents/carers are key partners and they will be involved in the development and review of their child's IHP, including its drafting. Parents/carers should carry out the 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 Authority

LFJS will communicate/liaise with the Local Authority as appropriate/required by a child's medical needs/condition.

The Local Authority has a duty to commission a school nursing service to this school.

The Local Authority will provide support, advice and guidance, as appropriate.

Providers of Health Services

LFJS will communicate/liaise with providers of health services as appropriate/required by a child's medical needs. Health services 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)

LFJS will communicate/liaise with CCG colleagues as appropriate/required by a child's medical needs. CCGs commission other healthcare professionals such as specialist nurses. They ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

Staff Training and Support

Training needs for staff will be assessed by looking at the current and anticipated needs of children already on roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide specific support to children with medical conditions will be included in meetings where this is discussed. All staff training in relation to medical conditions will be recorded/signed off in terms of competency.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nursing service, or specialist nursing services, among others. In some cases, a specific health care professional will be required to provide appropriate training. Training may involve on-site or off-site provision. Parents/carers and appropriate healthcare professionals will be asked to supply specific advice in relation to possible training requirements.

Staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident to deliver the support. It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions. The *Supporting Pupils at School with Medical Conditions Policy/Procedure* will be subject to whole staff consultation and all members of staff will be informed of it. It will also be included in the induction arrangements for new staff to the school.

The Child's Role in Managing their Own Medical Needs

At LFJS the children who require medication or other procedures will be supervised in administering them or receiving them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will follow the procedure agreed in the IHP. Parents/carers and relevant health professionals will be informed so that alternative options can be considered.

Managing Medicines on School Premises

Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours. Where this is not possible, the following will apply:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- no child will be given prescription medicines without their parent/carer's written consent;
- non-prescription medicines will be administered/managed by parents/carers, as far as is reasonably practicable, should they be needed during the school day. For the administering of non-prescription medicines during an educational visit, parents/carers should provide written consent;
- no child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents/carers will be required to give their written consent;
- at LFJS, children will not be allowed to carry any form of medication with them, except in the case of inhalers for asthma. In such circumstances written parental permission will be requested;
- if children can take their medicine themselves, staff may only need to supervise. An example would be inhalers for children with Asthma. Some children with diabetes may require to inject insulin during the school day. Appropriate facilities should be provided to allow the child to do this in private. Children with diabetes may administer (where appropriate) their own medication, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child. **This will be under strict adult (x2) supervision;**
- the school will **only accept prescribed medicines** that are in-date, labelled, provided in the original container, as dispensed by the 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 pump, rather than its original container;

- medicines will be stored safely. This will be in **a cupboard in the staffroom located near the main office** or in a fridge in the staffroom. No medicines may be stored in classroom store cupboards without permission from the Headteacher. Children who need to access their medicines immediately, such as those requiring asthma inhalers, may have an inhaler on them (upper KS2 age children) or be easily accessible by the teacher/teaching assistant. On educational visits, medicines will also be available and they will be looked after by a senior member of staff;
- if a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted;
- when no longer required, medicines will be returned to the parent/carer to arrange for safe disposal;
- Written records will be kept of all medicines administered to children and parents/carers will be informed if their child has been unwell at school;
- **Hygiene/Infection Control: All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment;**
- staff on any medication (requiring dose in school hours) should ensure that this is with them at all times or locked away securely out of reach of children. Where they feel able, they should inform the Headteacher of any medication they are on.

Emergency Procedures

A child's IHP will clearly define what constitutes an 'emergency' and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other children in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, staff will stay with the child until the parents/carers arrive, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

Educational Visits and Sporting Activities

The school will consider how a child's medical condition will impact upon their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments and individual risk assessments are required so that planning arrangements take into account all steps needed to ensure that children with medical conditions are included. This will require consultation with parents/carers, children and advice from relevant healthcare professionals to ensure that children can participate safely.

Unacceptable Practice

Although school staff will use their discretion and judge each case on its merits with reference to the child's IHP, 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 or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP;
- if the child becomes ill, send them to the school 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 children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively (as identified in their IHP);
- 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;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring parents/carers to accompany the child;
- **children requesting non-prescription medication-school staff will not give non-prescribed medication to children;**
- children will not be permitted to self-administer from a personally held supply (this will not be allowed in school and if a child is found to have a personally held supply, this will be confiscated and the parent/carer will be called to collect this).

Liability and Indemnity

The Governing Body at LFJS ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to children with medical conditions. From time to time, the school will need to review the level of cover for healthcare procedures and any associated related training requirements (such as may be the case with specific children with complex needs).

Complaints

Parents/carers who are dissatisfied with the support provided should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they can make a formal complaint via the school's complaints procedure.

Other Issues for Consideration

The school has a number of trained First Aiders amongst the staff.

A number of staff have been trained in CPR. Where staff have been trained in CPR a defibrillator **has not** been purchased as part of school's first aid equipment.

The school has adopted the use of asthma inhalers for emergency due to the regulations changing by the Department for Health (1 October 2014).

This policy was written: April 2021.

This policy was reviewed: April 2022.

This policy was reviewed: January 2023.

LEYS FARM JUNIOR SCHOOL

Individual HealthCare Plans: Proformas which will be used by the school

ANNEX A

This form must be completed for every child who requires an Individual Healthcare Plan and must be kept in the child's main school file. It must be updated at least annually and earlier if there is a change in either the child's condition or medication/procedure.

A full Individual Healthcare Plan will consist of ALL Forms A, B, C, D, E AND F.

ANNEX B

This form is to be completed by the parent/carer. It enables the school to ensure the correct information has been received from parents/carers and to monitor and correctly support the use of medication in the school. If a child requires several items of medication in school the appropriate details should be provided on the reverse of this form.

On receipt of Form AM2 the school should complete the "Agreement of Principal" Section. The original should be retained on the school file and a copy sent to the parents/carers to confirm the school's agreement to administer medication to the named child.

ANNEX C

This form should be completed by the parent/carer if they request their child to carry and administer their own medication, e.g. inhaler, insulin. On receipt of Form AM3 the school should complete the "Agreement of Principal" Section. The original should be retained on the school file and a copy sent to the parents/carers to confirm the school's agreement to medication to be carried and self-administered in school.

ANNEX D

This is the school's Record of Medication administered to individual children in school. A copy of this form should be sent to the child's parents/carers on a regular basis. When the form is fully completed a copy should be put in the child's main school file. If the child transfers before the form is fully completed a copy should be placed in the child's main school file for transmission to the next school.

ANNEX E

This is the school's record of medication administered to all children.

ANNEX F

This form must be completed when staff receive training for medical procedures.

Training must be updated at least annually or more frequently if required.



ANNEX A

LEYS FARM JUNIOR SCHOOL

INDIVIDUAL HEALTHCARE PLAN FOR A CHILD WITH MEDICAL NEEDS

Date _____

Review Date _____

Name of Child _____

Date of Birth ____ / ____ / ____

Class _____

National Health Number _____

Medical Diagnosis _____

Contact Information

1. Family Contact 1

Name _____

Phone No (home/mobile) _____

(work) _____

Relationship _____

2. Family Contact 2

Name _____

Phone No (home/mobile) _____

(work) _____

Relationship _____

3. GP

Name of Surgery _____

Surgery Address _____

Phone No _____

4. Clinic/Hospital Contact

Name _____

Phone No _____

Plan prepared by:

Name _____

Designation _____

Date _____

Describe condition and give details of child's individual symptoms

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

Members of staff trained to administer medication for this child (state if different for off site activities)

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

Follow up care

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of _____

Signed _____ Date _____

Parent/carer

Distribution

School Doctor _____

School Nurse _____

Parent/carer _____

Other _____



ANNEX B

LEYS FARM JUNIOR SCHOOL

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Headteacher / SENCo has agreed that school staff can administer the medicine.

Details of Child

Surname _____ Forename(s) _____

Address _____

Date of Birth ____ / ____ / ____ M / F

Class _____

Condition or illness _____

Medication

Parents/Carers must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

Date dispensed _____

Expiry Date _____

Full Directions for use

Dosage and method

NB Dosage can only be changed on a Doctor's instructions

Timing _____

Special precautions _____

Are there any side effects that the School needs to know about?

Self-administration Yes/No (*delete as appropriate*)

Procedures to take in an Emergency

Contact Details

Name _____

Phone No (home/mobile) _____

(work) _____

Relationship to Child _____

Address _____

I understand that I must deliver the medicine personally to _____

(*agreed member of staff*) and accept that this is a service, which the school is not obliged to undertake.
I understand that I must notify the school of any changes in writing.

Signature(s) _____ Date _____

Agreement of Headteacher / SENCo

I agree that _____ (*name of child*) will receive

_____ (*quantity and name of medicine*) every

day at _____ (*time(s) medicine to be administered e.g. lunchtime or afternoon break*).

This child will be given/supervised whilst he/she takes their medication by

_____ (*name of staff member*).

This arrangement will continue until _____ (*either end*

date of course of medicine or until instructed by parents).

Signed _____ Date _____

(*The Headteacher/SENCo/authorised member of staff*)

The original should be retained on the school file and a copy sent to the parents/carers to confirm the school's agreement to administer medication to the named child.



ANNEX C

**LEYS FARM JUNIOR SCHOOL
TO CARRY HIS/HER MEDICATION**

This form must be completed by parents/carers.

If staff have any concerns discuss this request with healthcare professionals.

Details of Child

Surname _____ Forename(s) _____

Address _____

Date of Birth ____ / ____ / ____

Class _____

Condition or illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name of Medicine

Procedures to be taken in an emergency

Contact Details

Name _____

Phone No (home/mobile) _____

(work) _____

Relationship to child _____

I would like my child to keep his/her medication on him/her for use, as necessary.

Signed _____ Date _____

Relationship to child _____

Agreement of Headteacher / SENCo

I agree that _____ (*name of child*) will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until _____ (*either end date of course of medication or until instructed by parents/carers*).

Signed _____ Date _____

(The Headteacher/SENCo/authorised member of staff)

The original should be retained on the school file and a copy sent to the parents/carers to confirm the school's agreement to the named child carrying his/her own medication.



ANNEX D

LEYS FARM JUNIOR SCHOOL

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Surname	
Forename(s)	
Date of Birth	___ / ___ / ___ M / F
Class	
Condition or illness	
Date medicine provided by parent/carer	

Name and strength of medicine	
Quantity received	
Expiry date	___ / ___ / ___
Quantity returned	
Dose and frequency of medicine	

Checked by:

Staff signature _____ Signature of parent/carer _____

MORNING	AFTERNOON - LUNCH
----------------	--------------------------

Date	_ / _ / _		
Time given		Time given	
Reading		Reading	
Action		Action	
Name of member of staff informed		Name of member of staff informed	
Staff initials 1		Staff initials 1	
Staff initials 2		Staff initials 2	
Re-reading		Re-reading	
Action		Action	

Name of member of staff informed		Name of member of staff informed	
Staff initials 1		Staff initials 1	
Staff initials 2		Staff initials 2	
Re-reading		Re-reading	
Action		Action	
Name of member of staff informed		Name of member of staff informed	
Staff initials 1		Staff initials 1	
Staff initials 2		Staff initials 2	
NOTES		NOTES	



ANNEX E

LEYS FARM JUNIOR SCHOOL

RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN

Child's Name.....

Date	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print Name
// _						
// _						
// _						
// _						
// _						
// _						



ANNEX F

LEYS FARM JUNIOR SCHOOL

TEMPLATE FOR A RECORD OF MEDICAL TRAINING FOR STAFF

Name _____

Type of training received _____

Name(s) of condition _____

Medication involved _____

Date training completed _____

Training provided by _____

I confirm that _____ has received the training detailed above and is competent to administer the medication described.

Trainer's signature _____ Date _____

I confirm that I have received the training detailed above

Trainee's signature _____ Date _____

Proposed Retraining Date _____

Refresher Training Completed -

Trainer _____ Date _____

Trainee _____ Date _____

LEYS FARM JUNIOR SCHOOL CONTACT FORM
SUPPORTING CHILDREN WITH MEDICAL AND ASSOCIATED NEEDS

LOCAL CONTACT NUMBERS

HEADTEACHER _____

Authorised person _____

SENCo _____

School Nurse _____

_____ **Education Authority**

SEN-D Section _____

Educational Psychology _____

Health and Safety _____

_____ **Health Department**

School Doctor _____

School Nurse _____

Local Hospital _____

Local GP Surgeries _____

Community Paediatrician _____

School Health Service _____



EMERGENCY CALL FORM

TO BE DISPLAYED BY THE OFFICE TELEPHONE

REQUEST FOR AN AMBULANCE to:

LEYS FARM JUNIOR SCHOOL

PARK AVENUE

BOTTESFORD

SCUNTHORPE

DN17 2PB

Dial 999, ask for ambulance and be ready with the following information.

1. Your telephone number – **01724 866945**

2. Give your location as follows:

LEYS FARM JUNIOR SCHOOL

PARK AVENUE

BOTTESFORD

SCUNTHORPE

DN17 2PB

3. Give exact location within the school (insert brief description).

4. Give your name.

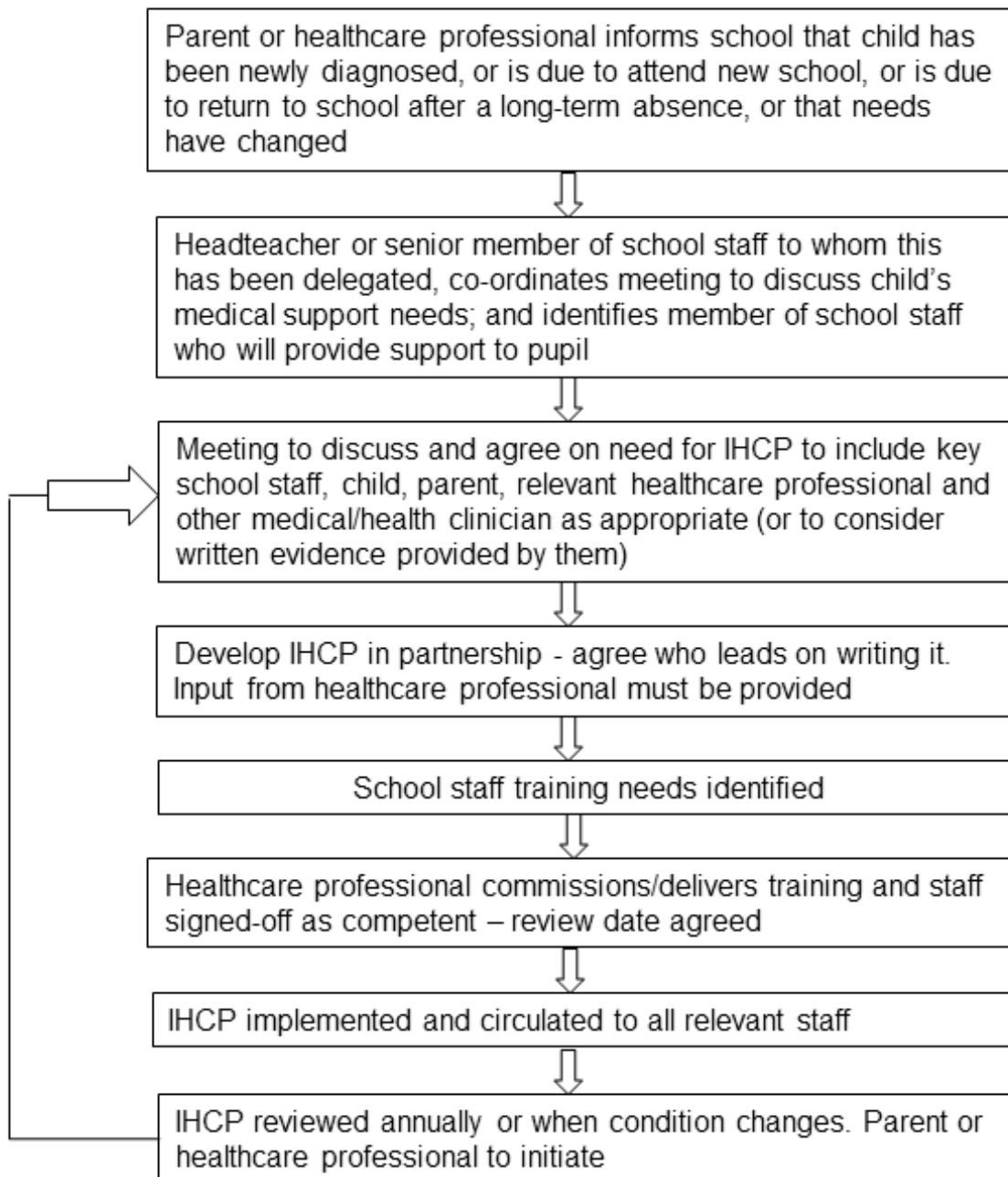
5. Give brief description of child's symptoms.

6. Inform ambulance control of the best entrance and state that the crew will be met and taken to the child.

SPEAK CLEARLY AND SLOWLY.

Annex G

Process for developing IHCPs.



Annex H

Further advice and resources

The Anaphylaxis Campaign

1 Alexandra Road

Farnborough

Hampshire GU14 6BU

Phone 01252 546100 (head office) or 01252 542029 (helpline)

Fax 01252 377140

info@anaphylaxis.org.uk

www.anaphylaxis.org.uk

Asthma UK

18 Mansell Street

London E1 8AA

Phone 020 7786 4900

Fax 020 7256 6075

info@asthma.org.uk

www.asthma.org.uk

Diabetes UK

Macleod House

10 Parkway

London NW1 7AA

Phone 0345 123 2399

Fax 020 7424 1001

info@diabetes.org.uk

www.diabetes.org.uk

Epilepsy Action

New Anstey House

Gate Way Drive

Yeadon

Leeds LS19 7XY

Phone 0113 210 8800 (head office) or 0808 800 5050 (helpline)

Fax 0113 391 0300

epilepsy@epilepsy.org.uk

www.epilepsy.org.uk

Department for Education

Piccadilly Gate

Store Street

Manchester M1 2WD

Phone 0370 000 2288

Typetalk 18001 0370 000 2288

Fax 0161 600 1332

Contact form: www.education.gov.uk/contactus/dfe

www.education.gov.uk

Council for Disabled Children

National Children's Bureau

8 Wakley Street

London EC1V 7QE

Phone 020 7843 1900

Fax 020 7843 6313

cdc@ncb.org.uk

www.councilfordisabledchildren.org.uk

National Children's Bureau

National Children's Bureau

8 Wakley Street

London EC1V 7QE

Phone 020 7843 6000

Fax 020 7278 9512

enquiries@ncb.org.uk

www.ncb.org.uk

Tuition and Medical Needs Education Team (TAMNET)

North Lincolnshire Council

Wyredale Road Centre

Wyredale Road

Scunthorpe DN16 2PZ

Email: lois.hanson@northlincs.gov.uk

Phone 01724 297502

There is a duty to meet the education needs of children with medical conditions. The Tuition and Medical Needs Education Team (TAMNET) can support with this by providing home tuition, tuition in hospital and small group teaching for children with medical or mental health conditions. TAMNET can also help children with chronic conditions who are frequently absent from school by providing occasional tuition when required. The team is available to give advice and help to schools about children with medical needs. Contact details for discussion about individual cases / referral - as above.

**Medical Policy Flow Chart
NON-EMERGENCY**

Child presents as unwell in the classroom



1. **TEACHING ASSISTANT** takes care of child
2. **FIRST AIDER** is informed as required by the **CLASS TEACHER**
3. **HEADTEACHER OR A MEMBER OF SLT** then makes decision for parents/carers to be contacted by the **OFFICE STAFF**



Parents/carers are contacted as per contact card/Scholarpack; child is supported at all times by an adult



PASTORAL MANAGER is informed by the **FIRST AIDER**



If there are any concerns at any time during the above process about contacting parents/carers or the presentation of parents/carers collecting the child, the **LEARNING MENTOR** is to be informed immediately. If the **LEARNING MENTOR** is not available then the **HEADTEACHER** must be informed.



In the unlikely event that the Headteacher, Learning Mentor or member of SLT are all unavailable then concerns about parents/carers not responding or presentation of parents/carers collecting a child must be referred to Children's Services Duty Team on **01724 296500**.



At the end of the whole flow-chart, the HEADTEACHER must be informed.

- ✓ **This flow chart is to be used alongside The Medical Conditions Policy.**
- ✓ **In the case of a Medical Emergency, a first aider must be called immediately and an ambulance called for by the Office Staff followed by a phone call to the parents/carers.**
- ✓ **A member of The Senior Leadership Team must be informed as soon as possible where there have been any issues with the above.**