



Department
for Education



**Burnham on Crouch
Primary School**
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Supporting pupils with medical conditions

(using DfE template May 2014 – most recent version)

Unchanged from our Sep21 policy but amended in Aut26 to add appendix G.

Staff consulted: Aut26

Ratified by the Governing Body: Aut26

Review date: Summer 2027

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Introduction

1. On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in this document is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

3. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Aims

The Governing Body will ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. Governors will ensure that staff are properly trained to provide the support that pupils need; training needs will be identified during the development or review of individual healthcare plans and staff are included in the process. No child will be denied admission or prevented from taking up a place because arrangements for their condition have not been made.



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Template A: Individual Healthcare Plan

Individual Healthcare Plan

Pic

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

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

Parents, class teacher and office.

Signature of parent _____ Date _____

Signature of parent _____ Date _____

School Signature _____ Date _____

Print Name _____

Template B: parental agreement for setting to administer medicine



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Parental agreement for school to administer medicine

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

**Please note: Antibiotics can only be administered when the dose is 4 x daily
(Unless otherwise requested by your GP)**

Name of school	Burnham-on-Crouch Primary School	
Child's name		
Class		
Date (first day of medication)		Is this ongoing medication? (More than 7 days)
Date (last day of medication)		Yes ☐ No ☐
Medical Illness/condition		
Name of medicine (described on original container)		
How much to give (i.e. dose to be given)		
When to be given	am / pm	am / pm
Any other instructions		
Number of tablets (where applicable) given to school		

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone number of parent Or , adult contact	
Name and phone number of GP	

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

Print name

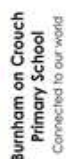
Parent's signature

Date/...../.....

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Name of child

[illegible]



Template D: Record of medicine administered to all children

Template E: 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

Template F: model letter inviting parents to contribute to individual healthcare plan development

Developing an Individual Healthcare Plan for your child

Dear Parent/Carer,

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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, 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.

I would like to invite you to an Individual Healthcare Plan meeting with myself on xx/xx/xx at xx:xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

If you are unable to attend, it would be helpful if you could contact the school office as soon as possible. Please do not hesitate to contact me for any further information.

Yours sincerely,

SENCO name



Department
for Education

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Reference: [000-000-000]

Template G

Allergy Individual Healthcare Plan

Name of school/setting	Burnham-on-Crouch Primary School
Teacher's name	
Group/class/form	
Date of birth	
Medical diagnosis/ allergy	
Date	
Review date	Review sooner if: Allergy/medication changes; a new Action Plan is issued; following a significant incident or near miss; or where school arrangements change.

Family Contact Information

Name	
Relationship to child	
Phone no.	
Name	
Relationship to child	
Phone no.	

Allergy Information

Medical diagnosis/ allergy	
Known allergen (s)	
Other relevant medical conditions (including asthma)	

Is the child/young person likely to recognise that they are having an allergic reaction? Can they alert an adult? Describe how they communicate that they are unwell and any support they need.

How is the allergy normally managed? Include practical avoidance measures and the extent to which the child/young person can manage their own allergy.

Impact on Education and Wellbeing

Describe the potential impact if the allergy is not managed safely, and any impact on health, learning, attendance, participation or emotional wellbeing.

Where relevant, include interaction with SEND or communication needs.

School arrangements to reduce exposure to allergens:

Record any individual arrangements needed to reduce contact with known allergens, including where relevant: classroom/curriculum activities, meals and snacks, food sharing, supervision, hand hygiene, cleaning, cross-contact and celebrations.

Medication needed while in school

Non-prescription allergy medication (if applicable)	
Dose / form / when required	
Where this medication is stored and how it is accessed	
Parental consent for administration	☐ Yes ☐ No Date:
Prescription allergy medication	
Prescribed dose / device / method	
Prescribed by / date (if known)	
Where this medication is stored and how it is accessed	
Is this emergency medication?	☐ Yes ☐ No
Parental consent for administration	☐ Yes ☐ No Date:

Adrenaline auto-injector (AAI) arrangements

Is the child prescribed an AAI?	☐ Yes ☐ No
AAI brand/ prescribed dose	
Number of prescribed AAIs held at school	
Location of child's prescribed AAI	Prescribed AAI 1: Prescribed AAI 2:
Location of school's spare AAI	
Parental consent to administer adrenaline using a school spare AAI in an emergency	☐ Yes ☐ No Date:

Healthcare-professional Allergy / Anaphylaxis Action Plan	
Action Plan status	☐ Attached ☐ No healthcare-professional Action Plan has been provided to school

If attached - issued by / role	
Date issued	
If not provided	☐ Parent/carer asked to provide a copy if one has been issued

Emergency Response

Where no healthcare-professional Action Plan has been provided, the emergency response arrangements must be recorded below. School staff should not create or alter clinical prescribing instructions.

Signs/symptoms that may indicate an allergic reaction or emergency.

Where an attached healthcare-professional Action Plan covers this, write 'See attached Action Plan'.

See attached Action Plan

Action to take in an emergency, including medication arrangements, who should be contacted and when 999 should be called.

Where an attached healthcare-professional Action Plan covers this, write 'Follow attached Action Plan'.

Follow attached Action Plan.

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

All staff in school

Visits, trips and activities outside the normal timetable

Record arrangements needed to enable safe participation, including access to medication, trained staff, catering/food arrangements, transport and emergency access.

State whether a separate visit/activity risk assessment is required.

Plan developed with

Staff who need to be aware of this plan

Form copied to

Healthcare-professional Allergy/Anaphylaxis Action Plan

☐ Attached

☐ No healthcare-professional Action Plan has been provided to school

☐ Parent/carers asked to provide a copy if one has been issued.

Signed by parent: _____ Date: _____

Signed by school: _____ Date: _____