

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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Statement of intent

The Boxing Academy 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".

1. Key roles and responsibilities

- 1.1. The Local Authority (LA) is responsible for:
 - Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
 - Providing support, advice and guidance to schools and their staff.
 - Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
- 1.2. The Governing Body is responsible for:
 - The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of The Colne Community School and College.
 - 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.
 - Handling complaints regarding this policy as outlined in the school's Complaints Policy.

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

1.3. The Principal is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of the Boxing Academy.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

1.4. Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

1.5 Parents or carers are responsible for:

• Informing the Boxing Academy office that a child with medical needs will begin attending, and supplying doctor or hospital documentation to this effect if required.

When such a notification has been received, the SENCo should be informed. They will ensure that all of the relevant staff are notified and begin the process of planning for the child's safe admission to school. Arrangements to support children will ideally be in place before the child starts, or no later than two weeks after their admission (dependent on new diagnoses emerging or starting at the academy midyear).

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When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence. If evidence conflicts, the school will challenge appropriately to ensure that the right support can be put in place.

2. Definitions

- Medication" is defined as any prescribed or over the counter medicine.
- "Prescription medication" is defined as any drug or device prescribed by a doctor.
- A "staff member" is defined as any member of staff employed at the Boxing Academy including teachers.

3. Training of staff

- Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.
- Teachers and support staff will receive regular and ongoing training as part of their development.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering
- No staff member may administer drugs by injection unless they have received training in this responsibility
- The Business Manager will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

4. The role of the child

- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Pupils will not usually be allowed to carry their own medicines and devices; their medicines will be located in an easily accessible location (the school office).
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a member of staff.

5. Individual Healthcare Plans (IHCPs)

Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Principal, Special Educational Needs Coordinator (SENCO) and medical professionals:

- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

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6. Medicines

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours. 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.

No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances. 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.

- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 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. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- 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.
- Medications will be stored in the locked cabinet in the Business Office. 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.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- The Boxing Academy cannot be held responsible for side effects that occur when medication is taken correctly.

7. Emergencies

Medical emergencies will be dealt with under the school's emergency procedures.

Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be 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 will remain with the child until their parents arrive.

8. Allergies

For any child who has a food allergy and or medical need the following procedures must be applied:

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Reception and Office staff receiving the information have a responsibility to ensure all the respective staff are made aware of the allergy or medical need immediately. If applicable, two Epi-Pens must be requested from the parent or carer. The information must be entered onto the Boxing Academy recording system.

- Staff must have information about the child's allergy/medical needs communicated verbally by the SENCo to ensure there is no miscommunication. full details of the allergy and an Epi-Pen will be kept in the school office.
- The SENCo produces an A4 sheet with the child's picture, a description of the allergy/medical need and what to look out for if there has been an allergic reaction. These are kept in their individual care plan pouch. The SENCO will also responsible for ensuring Epi-Pens are not out of date, are clearly labelled and stored appropriately.
- The child's Epi-Pen must be taken on school trips and journeys and held by an adult trained in its administration.

9. Avoiding unacceptable practice

The Boxing Academy 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.
- Sending pupils home frequently or preventing them from taking part in activities at school
- 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.
- 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.

10. Insurance

Staff who undertake responsibilities within this policy are covered by the school's insurance. 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. Complaints

The details of how to make a complaint can be found in the Complaints Policy.

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Appendix 1 - Individual healthcare plan implementation procedure

1	•Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.	
	-	
2	•Executive Principal co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.	
3	•Meeting held to discuss and agree on the need for IHCP to include key school staff, child, parent and relevant healthcare professionals.	
4	•Develop IHCP in partnership with healthcare professionals and agree on who leads.	
5	•School staff training needs identified.	
	_	
6	•Training delivered to staff - review date agreed.	
7	IHCP implemented and circulated to relevant staff.	
8	•IHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to 3.)	

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Appendix 2

Child's name Tutor group 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.	The Boxing Academy Individual Health Care Plan		
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,	Child's name		
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,	Tutor group		
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,	Date of birth		
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,	Child's address		
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,	Medical diagnosis or condition		
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,	Date		
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,	Review date		
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,	Family Contact Information		
(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,	Name		
(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,	Phone no. (work)		
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,	(home)		
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,	(mobile)		
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,	Name		
(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,	Relationship to child		
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,	Phone no. (work)		
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,	(home)		
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,	(mobile)		
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,	Clinic/Hospital Contact		
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,	Name		
Name Phone no. Who is responsible for providing support in school Describe medical needs and give details of child's symptoms, triggers, signs, treatments,	Phone no.		
Phone no. Who is responsible for providing support in school Describe medical needs and give details of child's symptoms, triggers, signs, treatments,	G.P.		
Who is responsible for providing support in school Describe medical needs and give details of child's symptoms, triggers, signs, treatments,	Name		
Describe medical needs and give details of child's symptoms, triggers, signs, treatments,	Phone no.		
Describe medical needs and give details of child's symptoms, triggers, signs, treatments,			
	support in school		

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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
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

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Appendix 3 - Parental agreement for a school to administer medicine template

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

The Boxing Academy medicine administering form

Date for review to be initiated by	
Name of child	
Date of birth	
Tutor group	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the origin	nal container as dispensed by the pharmacy
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
and I give consent to school/setting state school/setting policy. I will inform the s	f my knowledge, accurate at the time of writing aff administering medicine in accordance with the school/setting immediately, in writing, if there is the medication or if the medicine is stopped.
Signature(s)	Date
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Appendix 4 - Record of medicine administered to an individual child template

The Boxing Academy record of medicine administered to an individual child

Name of child			
Date medicine provided by	parent		
Tutor group			
Quantity received			
Name and strength of med	icine		
Expiry date			
Quantity returned			
Dose and frequency of med	dicine		
Signature of parent		 	
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Stair miciais			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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

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Appendix 5 - Record of medicine administered to all children

The Boxing Academy Date Child's name Time Name of Dose given Any reactions Signature Print name of staff medicine

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Appendix 6 - Staff training record – administration of medicines

Name of school/setting:					
Name:					
Type of training received	d:				
Date of training complet	ed:				
Training provided by:					
Profession and title:					
I confirm that		has received	the training	detailed a	bove and is
competent to carry out	any necessary tre	eatment.			
I recommend that the tr	aining is updated	l by		·	
Trainer's signature _			_		
Date		-			
I confirm that I have	received the tra	nining detailed	above.		
Staff signature			_		
Date		-			
Suggested review date		-			

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Appendix 7 - Contacting emergency services

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

Location:

THE BOXING ACADEMY
23 HACKNEY GROVE
LONDON E8 3NR

Phone number

020 8986 4674

Speak clearly and slowly and be ready to repeat information if asked. Be ready to tell them:

- 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.

Put a completed copy of this form by the phone.

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Appendix 8 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

RE: 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 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. would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

The Boxing Academy

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