

# Aylesford School

## Supporting Students with Medical Conditions/Health Issues

Ratified/Reviewed by...	Date	Date to be reviewed
LGB	November 2023	November 2024



## Introduction

This policy is written in line with the requirements of:

- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
- Children and Families Act 2014- section 100
- Mental Health and Behaviour in Schools, Departmental advice for school staff, DfE March 2016
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE
- Education for children with health needs who cannot attend school, DfE, May 2013
- AYLESFORD SCHOOL Accessibility Plan
- AYLESFORD SCHOOL SEND Policy
- AYLESFORD SCHOOL Safeguarding Policy

The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child). The school will seek parents' written agreement about sharing information about their child's needs, where information needs to be shared outside the school. In cases of confidentiality the Health & Safety of the child must take precedence.

The aim of the Policy is to enable regular attendance at school. The policy needs to be understood and accepted by staff, parents, and children.

The Local Authority is responsible for all health and safety matters and has produced this model policy for schools in close collaboration with Primary Care Trusts and Schools.

For day care providers the Local Authority has a duty to provide advice and training under the Children Act 1989 to deal with the needs of specific children.

## Aims

This policy aims to ensure that:

- All staff understand the duty of care to children and young people in the event of an emergency
- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported in school, in terms of both physical and mental health, to allow them to access the same education as other pupils, including school trips and sporting activities, so that they can play a full and active role in school life (wherever possible) and achieve their academic potential.

The governing body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

## Legislation and Statutory Responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

## Definitions of Medical Needs

Maidstone Grammar School for Girls recognises that there is a range of medical needs which may include complex mental health issues, for example eating disorders, self-harming, anxiety and depression. Some pupils may also suffer from long term illness.

Pupils' medical needs may be broadly summarised as being of two types:

**Short-term:** affecting their participation at school because they are on a course of medication or have a temporary medical condition.

**Long-term:** potentially limiting access to education and requiring on-going support, medicines or care whilst at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical conditions and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEND) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy / SEND Information Report and the individual healthcare plan will become part of the EHCP.

## Mental Health Awareness

Aylesford School recognises that pupils may need additional support at school not only for physical illness but also during episodes when they are experiencing poor mental health.

Teaching staff are made aware of early indicators of poor mental health and are encouraged to discuss any concerns with the DSL/SENCO, Heads of Study and Learning Mentors.

Aylesford School may offer

talking support or in-house counselling, and will work with parents/carers when necessary to access professional support for a pupil, signposting or referring to professional services such as Early Help Preventative Services, The Kent School Nurse Service, Child and Young People Mental Health Service (CYPMHS) or the pupil's GP. If a pupil reaches the appropriate safeguarding threshold, the Designated Safeguarding Lead will be informed, and a consultation will take place with the Local Authority Education Safeguarding Adviser or Duty Team, and their guidance will be followed.

## **Pupils with long term illness preventing attendance**

Occasionally a pupil may develop an illness which will prevent attendance at school for a long period (more than two weeks). If a pupil is absent due to illness, usual expectations are that the pupil, along with class teachers, determine what has been missed and what necessary work is to be completed. With longer term illness the school will liaise with parents/carers or any relevant external service where a pupil is dual registered. Appropriate access to school work will be provided, so that a pupil can continue to make progress. Reintegration after absence will be fully supported in collaboration with parents/carers, the pupil, teachers and pastoral support.

## **Roles and Responsibilities**

### **The Statutory Duty of the Governing Body**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Governing Body. The governing body has conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The governing body of Aylesford School will fulfil this by:

- Ensuring that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented.
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy).

### **Responsibilities of the Headteacher**

The overall responsibility for the implementation of this policy is given to the Headteacher. The Headteacher will fulfil this by:

- Making sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition

- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service (Kent School Health) in the case of any pupil who has a medical condition that may require support at school.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

## **Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

A member of the Leadership team has designated responsibility for ensuring supply teachers are fully briefed, overseeing the preparation of risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

Supply and locum staff will be given appropriate instruction and guidance in order to support the students with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency. A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The SEND and Medical Needs Co-ordinator will be responsible in conjunction with Heads of Study and parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

## **Parents/Carers**

**Parents/carers** may in some cases be the first to notify the school that their child has a medical condition. Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment, ensure that these are replaced if used up or expired, and ensure they or another nominated adult are contactable at all times.

### **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their IHPs. They are also expected to comply with their IHPs.

Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

### **School nurses and other healthcare professionals**

Kent School Health will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and Pediatricians, will liaise with Kent School Health and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

**Local Authorities** are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year). Please refer to 'Education for children with health needs who cannot attend school' (DFE).

**Providers of health services** should cooperate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Integrated Care Boards ICBs** commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and ICBs to consider with other partners, including locally

elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEND, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

## **Equal Opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

We recognise that reasonable adjustments may be implemented to support the needs of the individual pupil.

## **Being Notified that a Child has a Medical Condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

See Appendix 1.

## **Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition**

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Aylesford School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Aylesford School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.



In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Aylesford School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by a member of the Leadership Team and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers by a member of the Leadership or Pastoral Team and be put in place.

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

Individual healthcare plans will help to ensure that Aylesford School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

IHPs- will be reviewed at least annually, or earlier if there is evidence that the pupil's needs

have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the School Nurse, Specialist or Pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

IHPs will be linked to, or become part of, any statement of special educational needs or disability (SEND) or education, health and care (EHC) plan. If a pupil has SEND but does not have a statement or EHC plan, the SEND will be mentioned in the IHP.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively, including what constitutes an emergency and the procedures to follow if that occurs. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Template A (Appendix 3) should be used for the individual healthcare plan, and should include the following information:

- 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, travel time between lessons.
- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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 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 pupil can participate, e.g. risk assessments.

- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Aylesford School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

## **Training and Support**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher and Leadership Team. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfill the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

All staff training for administration of medicines and /or medical procedures will be recorded electronically.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals can provide confirmation of proficiency of staff in a medical procedure, or in providing medication .

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Headteacher and Leadership Team will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

## **Pupils Managing their own Medical Needs**

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the school office to ensure that the safeguarding of other children is not compromised. Aylesford School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

## **Managing Medicines**

### **Administration of Medicines**

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent.

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

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 school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about 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 will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

- We will not administer non-prescription medicines unless it is part of an Individual Healthcare Plan and we have parental written consent.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- All medicines will be stored safely in the school office. Children should know where their medicines are at all times and which member of staff they need to be able to access them.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available, state where and not locked away. Asthma inhalers should be marked with the child's name.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Aylesford School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Where children use an epipen or an asthma inhaler, they should carry this with them, however parents are encouraged to leave a named spare with Reception for emergency use, should this be required.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler (s) spacer (s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each student then a suitable number of auto-injectors will be purchased for use by the school, in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the student joins the school for asthmatics and anaphylaxis. The school will hold a register of the students diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

### **Controlled Drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office or student support office, and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. Monitoring arrangements may be necessary for a pupil who needs to administer a controlled drug. A record will be kept of any doses used and the amount of controlled drug held in the school.

### **Unacceptable Practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 school to administer medication or provide medical support to their pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

- Administer, or ask pupils to administer, medicine in school toilets.

## **Emergency Procedures**

Staff will follow the school's normal emergency procedures (for example, a first aider is called, an ambulance is called, parents/carers are notified). Should an emergency situation occur to a student who has an IHP or EHC, the emergency procedures detailed in the plan are followed and a copy of the IHP or EHC is given to the ambulance crew.

A first aider must remain with the pupil at all times whilst they are on the school premises.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

The school has two defibrillators, located in the medical room and Sports Hall and the Medical/First Aid Supervisor is trained to use it.

Instructions for calling an ambulance are displayed prominently by the telephone in the main office, student reception, staff room, Student Support, PE office, Leadership Team offices. (Appendix 5)

## **Record Keeping**

The governing body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

## **Day Trips, Residential Visits, and Sporting Activities**

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will

involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

The Educational Visits Co-ordinator will ensure that relevant risk assessments are completed by staff (and sent off to KCC as per the requirements for residential trips and trips outside of the county) for all visits, and that emergency procedures are in place. A member of the Leadership Team will be the emergency contact for all school trips.

## **Other Factors for Consideration**

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

## **Complaints**

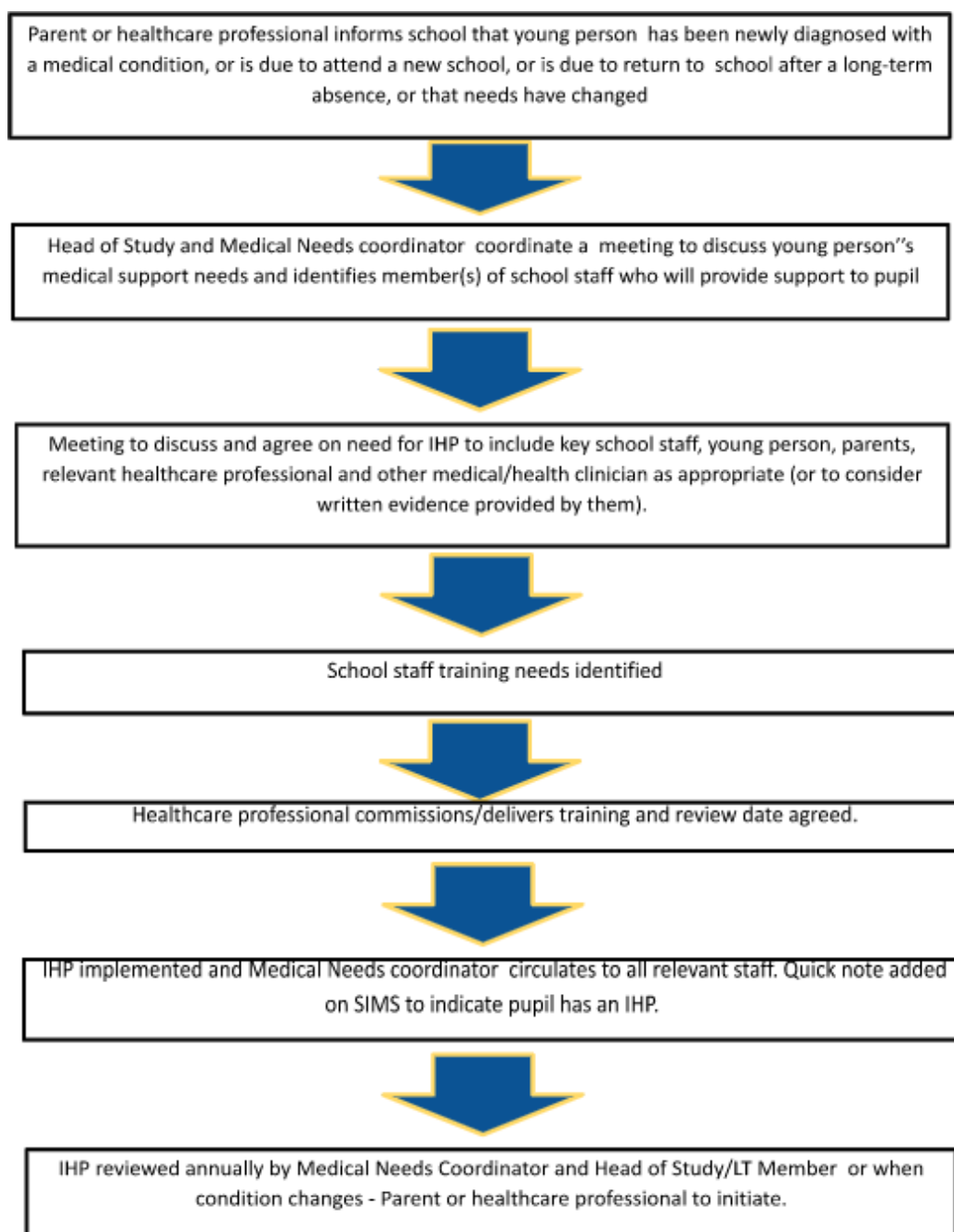
Should parents/carers be unhappy with any aspect of their child's care at Aylesford School, they should refer to the school's Complaints policy.

## **Further information**

Further information can be found by reading "Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England", DfE Sept 2014



## Appendix 1: Model process for developing Individual Healthcare Plan



## **Appendix 2 - Medical Conditions**

### **Asthma**

The school recognises that students with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Students with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the student's parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop Asthma Care Plans for those students with severe asthma, and complete the Individual Protocol for students with mild asthma.

### **Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to students diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommending that all staff are trained in the administration of auto injectors and that training is renewed annually. In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

### **Diabetes**

When a pupil with diabetes joins the school, or who is recently diagnosed, a meeting is organised with the paediatric diabetic nurses and parents. The Health Care Plan for the child is put together by the hospital team and agreed at the meeting. Staff should be aware that students may be using devices or phones to monitor their blood as well as eating/drinking as necessary. If a student with diabetes is missing from a lesson or has taken longer than a few minutes to go to the toilet, High Alert must be contacted immediately.

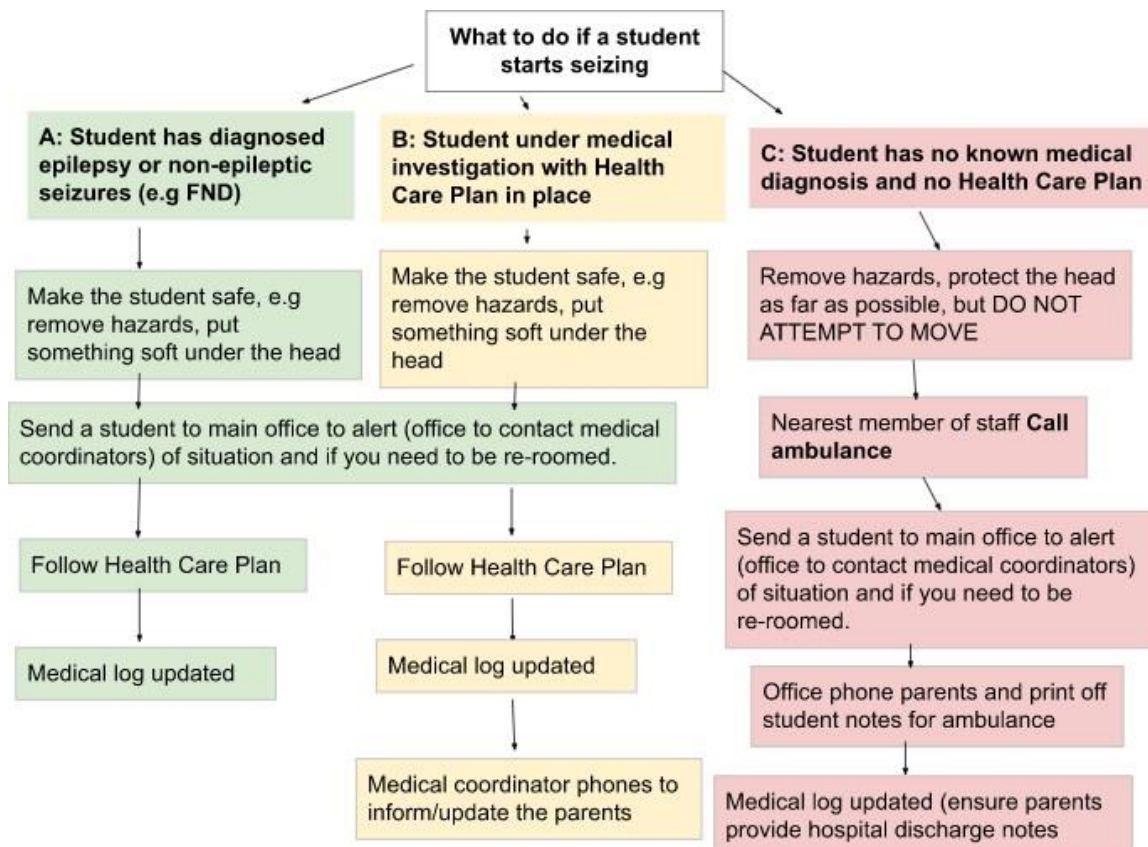
The following symptoms could indicate that a pupil with diabetes may have Hypoglycaemia: hungry, wobbly/shaky, headache, mood changes, pale, irritable, stomach ache, tearful, sweaty, glazed eyes. If this is the case, urgent action is required and the pupil must not be left alone. A First Aider must be called and the Health Care Plan must be followed.

### **Seizures**

Links which describes different types of seizures, including absences:

<https://epilepsysociety.org.uk/about-epilepsy/what-epilepsy/non-epileptic-seizures>

<https://www.nhs.uk/conditions/epilepsy/symptoms/>



## Appendix 3

The IHP proforma can be accessed using the google link below. Individual copies can be made for each student.

### Individual Healthcare Plan

#### Template A: Individual Healthcare Plan

Name of school	
Young person's name	
Form	
Date of birth	
Young person's address	
Medical diagnosis or condition	
Date	
Review date	

#### Family Contact Information

1.Name	
Phone no. (work)	
(home)	
(mobile)	
Relationship to young person	
2. Name	
Phone no. (work)	
(home)	
(mobile)	
Relationship to young person	

### Clinic/Hospital Contact

Name	
Phone no.	
Hospital number	

### G.P

Name	
Phone no.	
NHS no.	

Who is responsible for providing support in school

1.
2.

Describe medical needs and give details of young person's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Triggers	Symptoms/information	Action required

Name of medication, dose, method of administration, when to be taken, administered by/self-administered with/without supervision. Please also note any side effects we should be aware of.

Name of medication	Dosage/administration	Any side effects we need to be aware of


Daily care requirements

Specific support for the young person's education, social and emotional needs

Arrangements for school visits/trips etc

Arrangements for Fire Evacuation Procedures

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 (to include parents and health care professional):

Name	Role	Signature

Staff training needed/undertaken - who, what, when

Name	Requirement	Date delivered by whom	Date of review

Form copied to

Parents, Head of Study, SEND and Medical Needs Coordinator, SENCO, Assistant Head - Inclusion, Teachers, Tutor, School Office and added to SIMS as a linked document and the Student Medical Needs profile.
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This care plan has been designed in collaboration with the school, parents/ carers and the appropriate external agencies. The purpose of this plan is to minimise the possible risks. However, it is important to notice that it will not eliminate risks. Where possible the school will strive to meet the needs and content of this plan.

## **Appendix 4: Parental Agreement for Setting to Administer Medicine**

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



## **Emergency Procedures**

### **Appendix 5 - This form is to be kept by the telephone**

#### **Contacting Emergency Services**

To request an ambulance:

Dial 999 and be ready with the following information:

1. School telephone number
2. Your mobile telephone number (particularly if it is after school hours)
3. Location (school/setting address): Aylesford Secondary School, Teapot Lane, Aylesford. Kent
4. Postcode ME20 7JU
5. Exact location
6. Your name
7. Child's name and brief description - You are permitted to give personal details to emergency services if you are dialling 999.
8. The best entrance for ambulance crew and advise crew will be met and taken to child: Arrangements for accessing the site through the school gate.