



Willow Tree Federation Appletree and Little Pips



Supporting Children with Medical Needs

Mission Statement

The children are at the heart of everything we do at Willow Tree Federation. We take a holistic approach to child development and we are privileged to support our children, families and the wider community to change and enhance lives. We celebrate the wide diversity of the backgrounds, beliefs, talents and interests of our children and we recognise learning happens in communities and empowers them. As a federation at the heart of its community, we understand and respect the positive impact we can have. We plant the seed that grows the future!

Date written	June 2024
Written by:	Lucy Naylor- headteacher
Date Formally Approved by Governors	September 2024
Date Policy became effective	September 2024
Review Date	September 2026

Contents

1. Aims	2
2. Legislation and statutory responsibilities	2
3. Roles and responsibilities	4
4. Equal opportunities	5
5. Being notified that a child has a medical condition	5
6. Individual healthcare plans	5
7. Managing medicines	6
8. Emergency procedures.....	7

9. Training	7
10. Record keeping.....	8
11. Liability and indemnity	8
12. Complaints	8
13. Monitoring arrangements.....	8
14. Links to other policies	8
Appendix 1: Being notified a child has a medical condition	9
Appendix 2: Forms for Administering Medications and Templates	

1. Aims

This policy aims to ensure that:

- Children, staff and parents understand how our school will support children with medical conditions
- Children with medical conditions are properly supported to allow them to access the same provision as other children

The governing board will implement this policy by:

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

The named person with responsibility for implementing this policy is Lucy Naylor.

2. 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 children at their school with medical conditions.

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

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support children with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make 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 children in this way
- Contact the school nursing service in the case of any children who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting children with medical conditions during setting's hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to children 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 children with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers or carers will consider the needs of children with medical conditions that they teach and care for. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the federation 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, and ensure they or another nominated adult are contactable at all times

3.5 Children

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

3.6 School nurses and other healthcare professionals

Healthcare professionals may notify the setting when a child has been identified as having a medical condition that will require support in setting. Parents can also notify school and we

will ask for medical information to be given to school. Healthcare professionals may also provide advice on developing IHPs. If a child has complex health care needs, we may seek a health referral to get access to information and liaise with school health or health visitors. This will be following parental consent.

4. Equal opportunities

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

The settings will consider what reasonable adjustments need to be made to enable these children 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 children with medical conditions are included. In doing so, children, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

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

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

See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for children with medical conditions. This has been delegated to Kirsty Birdsall (SENDSCO).

Plans will be reviewed at least annually, or earlier if there is evidence that the children's needs have changed.

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

- What needs to be done
- When
- By whom

Not all children with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the federation, parents and a relevant healthcare professional, such as the health visitor, specialist or paediatrician, who can best advise on the children's specific needs. The children will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a child has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the headteacher and SENDSCO are responsible for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The children'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 children'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 child 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 children'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 children'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 children 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 children can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/children, the designated individuals to be entrusted with information about the children's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

A Parental agreement for setting to administer medicine must be completed.

Prescription and non-prescription medicines will only be administered in setting:

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

Children will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a child 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 federation 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 follow the administration as advised by the prescription on the container or Doctor's advice.

The federation 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. Children will be informed about where their medicines are at all times and be able to access them immediately, if they are old enough. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children or key workers and not locked away.

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

7.1 Non-Prescription Drugs

The federation will administer the following non-prescription drugs in line with packaging guidelines. If supplied by parents, they must be in the original box/ container with this guidance on and within date.

- Calpol (liquid paracetamol)
- Piriton (allergy relief)
- Barrier Cream
- Teething Gel
- Colic Treatment

The federation will have their own supply of liquid paracetamol, barrier cream and allergy relief (9months+) to deliver as needed. Parents will be phoned for verbal permission from the office prior to administration, even though written consent has been given on admission. If continued use is needed, parents must supply their own. Two members of staff (always one from the office) will be present and sign off the medication given.

7.2 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.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access to administer them.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.3 Children managing their own needs

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Children will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a child to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.4 Unacceptable practice

Federation staff should use their discretion and judge each case individually with reference to the children's IHP, but it is generally not acceptable 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 children 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 child becomes ill, send them to the office unaccompanied or with someone unsuitable
- prevent children 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 children, including with toileting issues. No parent should have to give up working because the federation 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 school trips, e.g. by requiring parents to accompany their child
- administer, or ask children to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the federation's normal emergency procedures (for example, calling 999). All children's IHPs will clearly set out what constitutes an emergency and will explain what to do.

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

9. Training

Staff who are responsible for supporting children 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 children 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 / SENDCO. 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 children
- fulfil the requirements in the IHPs
- help staff to understand 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.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to children for as long as these children are at the federation. Parents will be informed if their child has been unwell in settings.

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

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the federation's level of risk.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If they cannot resolve the matter, they will direct parents to the federation's complaints procedure.

13. Monitoring arrangements

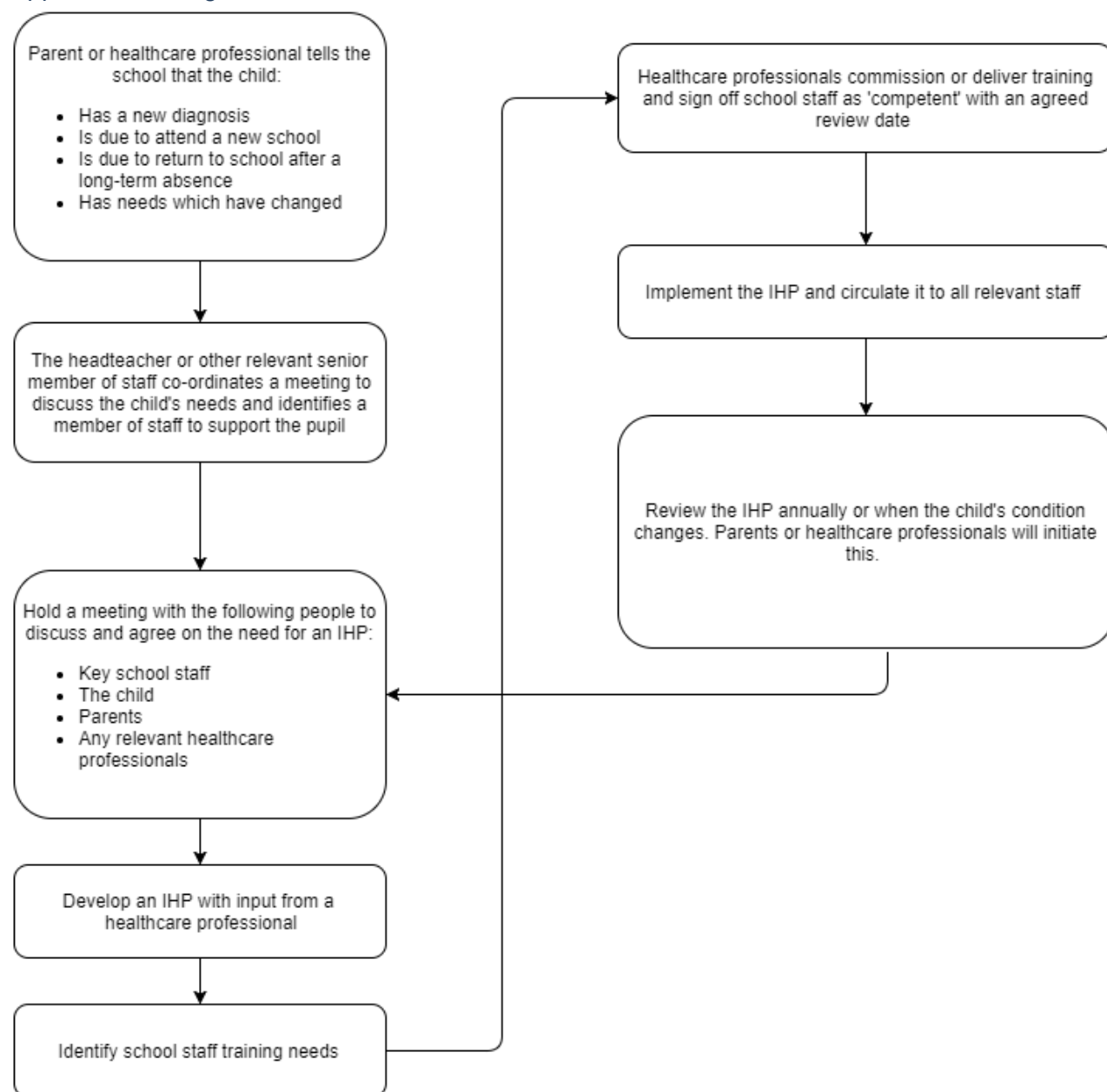
This policy will be reviewed and approved by the governing board every 2 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality Statement
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support
in school

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the children’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

Parental agreement for setting to administer medicine

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

Date for review to be initiated by

Name of school/setting

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (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 original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____ Date _____

Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	

--

--

--

[illegible]

Record of medicine administered to all children

Name of school/setting

--

Date

Child's name

Time

Name of medicine

Dose given

Any reactions

Signature
of staff

Print name

[illegible]

Staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Contacting emergency services

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

Speak clearly and slowly and be ready to repeat information if asked.

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

Letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the federation's policy for supporting children 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 children needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, children, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or children support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely