Supporting Students with Medical Conditions

The Vyne Community School

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Linked Policies:

Allergies Policy

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Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children at their premise with medical conditions. The Department of Education has produced statutory guidance 'Supporting Pupils with Medical Conditions' December 2023 and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need and disability, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles & Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Some of the most important roles and responsibilities are listed below:

Governing Bodies

They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteachers

Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient

trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school.

School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School Nurses

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 23 to 31 below about training for school staff.

Other Healthcare Professionals, including GPs and Paediatricians

Healthcare professionals should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They 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 individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local Authorities

Local Authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, Integrated Care Boards (ICBs, statutory successors to CCGs under the Health and Care Act 2022) and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

Local Authorities and Integrated Care Boards (ICBs) must make joint arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).

Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Local authorities (Local authorities must have regard to statutory guidance on the education of children unable to attend school because of health needs) should work with schools 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 school year). (www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school)

Providers of Health Services

These providers should cooperate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services 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)

Integrated Care Boards (ICBs, established under the Health and Care Act 2022 to replace Clinical Commissioning Groups) are responsible for commissioning other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that

health services are able to cooperate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Integrated Care Boards (ICBs) should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this).

The local Health and Wellbeing Board will also provide a forum for local authorities and ICBs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted

Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, 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 this is implemented effectively.

Ofsted inspectors must consider how well a school meets the needs of a full range of pupils including those with medical conditions. Key judgments will be informed by the progress and achievement of those children alongside those of pupils with SEN and disabilities and also by pupils' spiritual, moral, social and cultural development.

Local Arrangements

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team.

We will use the 'Health Questionnaire for Schools' and HCC registration form to obtain the information required for each child's medical needs, to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly. We will also invite parents and students, with particular medical requirements, into school for a coffee morning to discuss their medical needs in more detail before starting in September.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual Health Care Plans

We recognise that Individual Health care Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate,

the health care professional would be expected to indicate if this is required. Where children require an individual healthcare plan it will be the responsibility of the Pastoral Support team including First aid to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that EHC plan. We may also refer to the flowchart contained within the document (Appendix E) 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the DfE to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The Attendance Officer will meet with a member of the Senior Leadership Team before liaising with medical professionals and parents to ensure that there is a smooth and seamless transition back to full time education. A reintegration EHC plan will be completed and reviewed depending on the individual pupil's needs.

When deciding what information should be recorded on individual healthcare plans the following should be considered:

- 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 eg 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents 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 child can participate, eg risk assessments;

- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Individual healthcare plans to be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Staff Training

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The school's policy should additionally set out arrangements for 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 that policy. Induction arrangements for new staff should be included. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes 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 should be asked for their views. They should provide specific advice, but should not be the sole trainer.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out following a review of the policy.

The awareness training will be provided to staff by lead First Aider or appointed person via emails and meetings.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

Staff trained as first aiders are identified in the school First Aid Needs assessment.

The Child's Role

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own "life saving" medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. This does not include paracetamol etc. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should 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 should be informed so that alternative options can be considered.

Managing Medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, First Aiders are responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carer's written consent (a 'parental agreement for setting to administer medicines' form will

be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place (Appendix C - The Children's Services Medication Tracking Form). The Record of Medicine Administered to all Children form (Appendix I) is completed when medicine is administered. The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered. On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We 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, their dosage and storage.

Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (Where the school has concerns they will seek further guidance from their link School Nurse).

It is our policy to give age appropriate doses of paracetamol to secondary age children as described on the packet, if written consent from the parents has been received in advance of administration. We will check that they have not previously taken any medication containing paracetamol within the preceding 4 hours and only give one dose.

We will never administer aspirin to any child under 16 years old unless prescribed by a doctor. Non-prescription paracetamol may be administered to secondary age pupils with prior written parental consent, provided dosage limits are strictly adhered to, parents are informed, and confirmation is obtained that no paracetamol-containing medication was taken within the preceding 4 hours.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homoeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location in the main office but not locked away to ensure they are easily accessible in the case of an emergency.

In accordance with the Human Medicines (Amendment) Regulations 2014 and 2017, the school maintains a supply of emergency Salbutamol asthma inhalers and Adrenaline Auto-Injectors (AAIs). These emergency stocks are kept unlocked in designated medical storage locations and may be administered to pupils whose own prescribed device is missing, empty, or malfunctioning, provided written parental consent and medical confirmation is recorded.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions.
- Inhalers for asthmatics.
- Injections of Glucagon for diabetic hypoglycemia.
- Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premises. Where medicines need to be refrigerated, they will be stored in a fridge in the main office and clearly labelled. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing metres and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips. Storage of medication whilst off site will be maintained at steady temperature and secure.

There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parents/carers will be documented on the tracking medication form.

There is a sharps box in place for the disposal of needles and this is located in the student support room on the ground floor (next to room G5). A contractor (Sita) collects and disposes of this as and when requested by the school.

Medical Accommodation

The medical room is located on the ground floor (next to room G5).

Record Keeping

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form (Appendix I). It is also recorded on the pupil's intervention log on SIMS. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers. Parents are to be informed if their child has been unwell at school.

Emergency Procedures

Where a child has an individual healthcare plan, copies of which are kept in the main office, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures.

We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrive, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day Trips/Off Site Activities

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Where a child has an individual healthcare plan, it 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 school should know what to do in general terms, such as informing a teacher immediately if they think that help is needed.

Other Issues

Home-to-school transport – this is the responsibility of the local authority. The school has made the local authority aware (via Educational Transport) of pupils' individual healthcare plans and what it contains, especially in respect of emergency situations.

Defibrillators - The school has a defibrillator which is situated outside the main reception. Notification of its location has been given to the local NHS ambulance service. There are a number of trained First Aiders amongst the school staff. There is a second defibrillator located in the sports hall, which is registered on The Circuit (the National Defibrillator Network).

Unacceptable Practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg. 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg by requiring parents to accompany the child.

Liability and Indemnity

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Appendix A: Standard Risk Assessment

Activity	Administration of Medicines	Date of Assessment	
Location		Date of Review	
Name of Risk Assessor		Risk assessment subject to.	Management of Health and Safety at Work Regulations

This risk assessment template can be used for specialist areas where a model template does not exist. .

Instructions for Use: This blank risk assessment should be used for any area where there is not already a template risk assessment in place. You will need to ensure that you have identified the common hazards and recognised those people who could be at risk and whether they have any individual requirements. Consider all of the standard controls i.e. those things you need to do to reduce the risk and then confirm all of the standard controls are in place. Check if there is anything further that you may need to do. If all of these components are completed the level of risk for these hazards will have been reduced to the lowest acceptable level. An action plan should be completed if further mitigation is required following the assessment.

Original risk assessments must be kept for a period of 7 years. On completion a hard copy should be printed off and placed in your local/site health and safety folder. This document should be filed under Hantsfile under Health and Safety Risk Assessment

Appendix A: Standard Risk Assessment

Administration of Medicines Risk Assessment Guidance

The Supporting Pupils with Medical Needs document produced by the DfE and published (last updated December 2023) for implementing into schools, includes the provision of administration of medicines to pupils.

The school Governors must ensure that a local policy on supporting pupils with medical needs is produced and implemented in the school.

This risk assessment should be completed as part of the process to assist in identifying the specific hazards and control measure that need to be put in place to ensure medication is administered, managed and stored safely and effectively in schools by competent staff.

The hazards and controls measures have been entered into the form however, schools must ensure that they complete the second box titled “Who Might be Harmed and How” by identifying who at the school may be harmed by the hazard, eg. children with medical needs and in same box you should be considering how they might be harmed, ie. what the risk is from the identified hazard and enter this information into the same box.

You must then review the control measures that have already been entered in to the third box and enter into the box titled “Do you need to do anything else to manage the risk” any further measures that need to be implemented locally to ensure that the control measures are met and therefore the risk reduced to a manageable level. If anything else is identified locally to manage the risk the following boxes “Action by Whom”, “Action by When” and “Done” must also be completed. The information should then be transferred onto the action plan at the end of the risk assessment form and used as a live document until all actions have been completed.

An example has been entered in its entirety to demonstrate how to complete the form correctly. If this process is followed for all the identified hazards correctly the level of risk should be reduced to lowest possible point.

Once the risk assessment is complete and to ensure that it is effective it should be shared with all relevant staff and reviewed periodical.

Appendix A: Standard Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
Policy/Procedures Lack of policy/procedures Lack of clarity and staff awareness of policy and procedures Failure to follow policy/procedures		Local administration of medicines policy documented for premises Administration of medicines policy provided to staff at induction and periodically thereafter Investigation procedure in place in the event of failure e.g. refresher training, disciplinary procedures or review of policy				

Appendix A: Standard Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
Training Lack of awareness training to safely administer medicines e.g. asthmas, epi-pen etc. Lack of awareness training in control and storage of medication Lack of specific awareness training to meet individual needs of children on the premises		Periodic awareness training provided for medical conditions such as asthma or epi-pen etc. by a competent person e.g. school nurse or other medical professional Induction awareness training on local storage procedures and periodic refresher information provided (annually) to relevant staff e.g. policy/procedures Questionnaire (provided by School Nursing Team) to be completed by parents/guardian for pupils on admission to school to ensure medical needs are identified Periodic training provided for specific medical conditions by competent person e.g. school nurse or other medical professional				

Appendix A: Standard Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
Administration Incorrect dosage given Incorrect pupil given medication Out of date medication administered		Medication to be provided in the original container/labelled with the name of the appropriate pupil and dose required Local procedure for checking name and dosage on medication prior to administration Part of local procedure should be to review expiry date prior to administering medication				
Controlled Drugs Any specific procedures		Only trained staff to administer medication				

Appendix A: Standard Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
Storage No locked cabinet or room in use/available prescribed medicines and controlled drugs not locked away e.g. stored in pigeonholes No secure refrigerator available/in use Medicines not in original containers or clearly labelled Emergency medicines locked away		Locked cabinet (not easily removable) or lockable room for use of storing all medication Ideally a dedicated refrigerator should be used which is in a secure location. If a normal refrigerator is used medicine must be stored in a separate sealed container and clearly labelled Medicines to be provided in the original container labelled with the name of the appropriate pupil All emergency medicines (asthma inhalers, epi-pens etc.) readily available and not locked away.				

Appendix A: Standard Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
Consent Lack of parents consent Inappropriate person providing consent Limited information on consent form (leading to lack of clarity) Formal consent forms not used		Parental consent forms to be completed using standard template, provided by department and fully completed by a parent or guardian of child only, providing all relevant information requested				

Appendix A: Standard Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<u>Health Care Plans</u> School unaware that child has health issues requiring monitoring in school No health care plans in place Lack of involvement of family and health care professionals Lack of awareness of health care plan by relevant staff		Process in place for identifying a child who has health issues that require monitoring in school i.e. identifying Children with Health Conditions questionnaire A health care plan must be devised when required in conjunction with appropriate medical practitioner, parents, guardian and Headteacher using standard forms provided by department Health care plans to be provided to all relevant staff				

Appendix A: Standard Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
Record Keeping and Communication No record of medicines being administered No tracking system for medication received in and out of premise		Recording forms to be used when medication is administered, which includes information such as parent consent forms, record of prescribed medicines given to a child, staff training awareness record forms Tracking system to be implemented to log when medication is received in and out of premises. This is to be used for every medication administered Tracking system should include the expiry date for medication to enable periodical checks to be carried out, unless another system has been implemented Procedure in place to check with parents when expiry dates are exceeded Reminder system in place for informing parents of their responsibility of ensuring medication is not expired e.g. newsletter				

Appendix A: Standard Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
Disposal of Medication Medication not disposed of responsibly		Parents responsibility to safely dispose of medication school has returned to parent				

Appendix B: Action Plan for Risk Assessment

Action Plan to be completed based on the findings of risk assessment. The following actions are to be undertaken to reduce the risk level as far as reasonably practical and to ensure that all of the standard controls and local arrangements are in place.

No.	Hazard not fully controlled	Performance Status Imminent High Medium Low Very low	Action required	Person Responsible	Target Date	Date of Completion
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Signature of Responsible Manager..... Date.....

Appendix C: Medication Tracking Form

NAME OF CHILD/DOB	MEDICATION	BATCH / LOT NO	MEDICATION EXPIRY DATE	DATE RECEIVED IN SCHOOL	DATE RETURNED TO PARENT/OR MEDICATION FINISHED	STAFF NAME	SIGNATURE

Appendix D: Student Registration Form and Medical Information

In addition to the school's admissions pack (copy of registration form below), a student medical questionnaire is sent to parents and carers of students in years 8-11, at the start of each academic year, to ensure that the information we hold is up to date.

A copy of the medical questionnaire can be accessed here.

Parents and carers are reminded that it remains their responsibility to ensure that they inform the school, as soon as possible, should their child's medical information change.

This information will be treated in the strictest confidence

The Vyne School Registration Form

1. Child's details:

Surname / family name on birth certificate _____ **Male / Female**

Any previous surname _____ To be known as _____

All forenames _____

Date of birth _____ Ethnic origin _____

National Identity _____ Religion _____

Country of Birth _____ Date of arrival in the UK (if relevant) _____

Language spoken at home _____ First language _____

Home address _____

2. Name of Parent(s) / Guardians(s): who share responsibility for the child

Mr/Mrs/Ms/Miss _____ Mr/Mrs/Ms/Miss _____

Name (Contact 1) _____ Name (Contact 2) _____

Relationship to child _____ Relationship to child _____

Address (if not shown above) _____ Address (if not shown above) _____

_____ _____

_____ _____

Email address _____ Email address _____

Contact number _____ Contact number _____

Place of work contact _____ Place of work contact _____

Emergency Contacts:

If daytime contact is difficult please give two persons who may be contacted in an emergency to act on your behalf.

Name	Relationship	Contact number
Contact 3 _____	_____	_____
Contact 4 _____	_____	_____

3. Parental Responsibility, Safeguarding, Custody and Court Orders:

Please name all people with parental responsibility for the child: _____

_____

Do you have parental authority to change your child's school? **Yes / No**

Are there any current or historic safeguarding issues that the school needs to be aware of? **Yes / No**

_____

Other services involved with the child. Other services that have been recently involved with the child (e.g. Social Services; Educational Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit etc). Please provide relevant contact details below:

_____

_____

The school needs to know of any Court Orders affecting your child. Please indicate whether any Order is in force for your child: **Yes / No**

If so, please specify (e.g. residence, contact/access, prohibited steps, specific issues) _____

Please indicate which Court made the Order and the date: _____

4. Other children in the family (i.e. names, relationship, ages)

_____

_____

5. Family doctor **Medical Care Plan details - please attach a copy**

Name _____ _____

Address _____ _____

_____ _____

Contact number _____ _____

6. Child's health: Health concerns (e.g. hearing, sight, special conditions, need for regular medication etc). Please attach additional details if necessary.

_____

_____

_____

7. Previous and present schools attended, if any, including nursey school, play group, pre-school group.

School / playgroup etc.	Town	Date of admission	Date of last attendance	Reason for leaving

8. Other information. Is there any other information you feel we should be aware of (contact language, religious considerations relating to custom, dress of prohibition, special diet etc)? **If either parent is a member or HM forces please give details.**

_____

9. Is your child a Young Carer? Yes / No

10. Travel to school Walk Car Public transport

11. Lunch arrangements Sandwiches School lunch

Note: Please ensure all fields are completed. Completing this form does not necessarily imply the school has agreed to accept your child. This information may be stored electronically by the school.

Please let us know if there are any changes to the information above.

Name of parent / Guardian _____

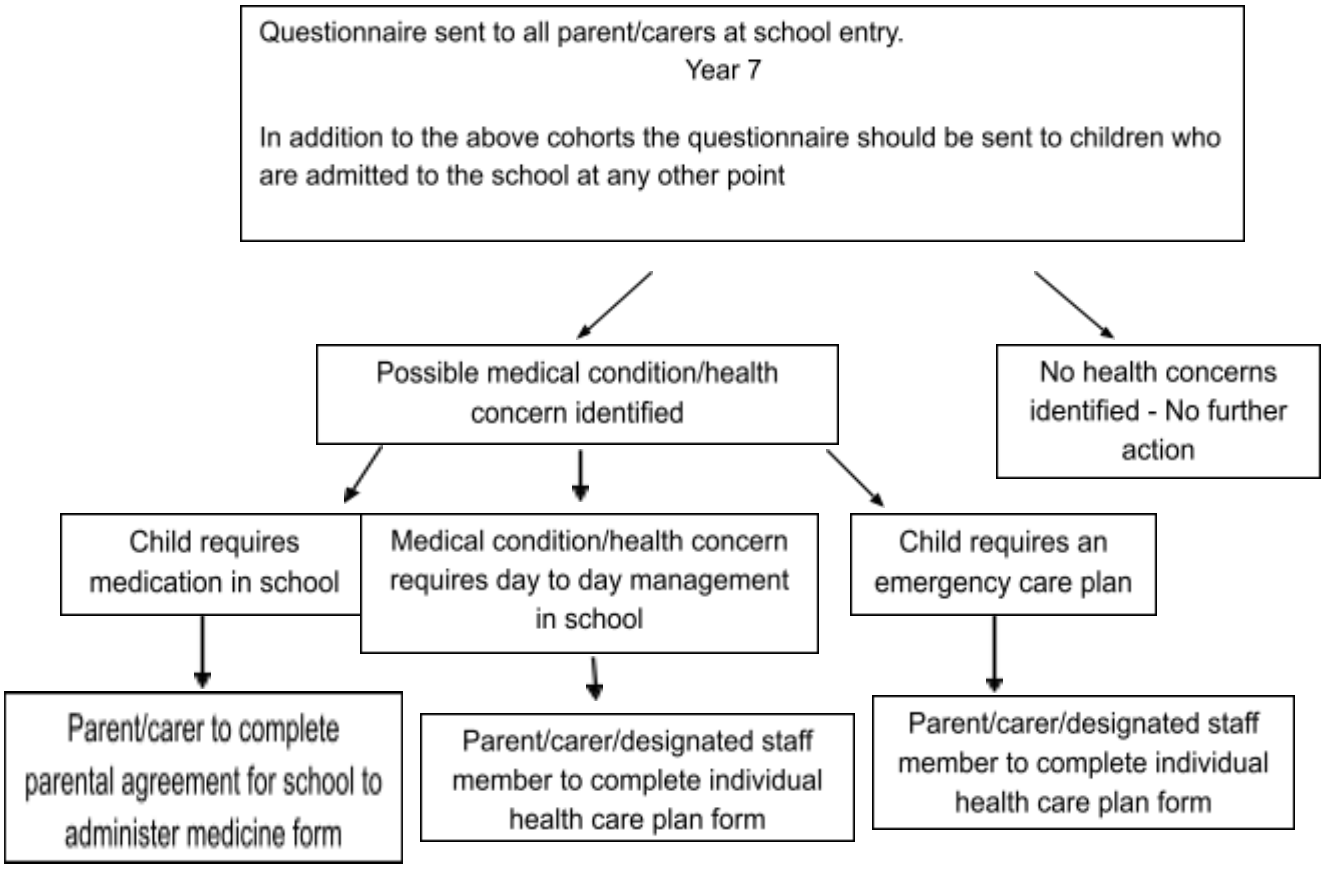
Signature _____ **Date** _____

Please contact the school if you wish to talk about this form or would like to fill it in with the Headteacher.

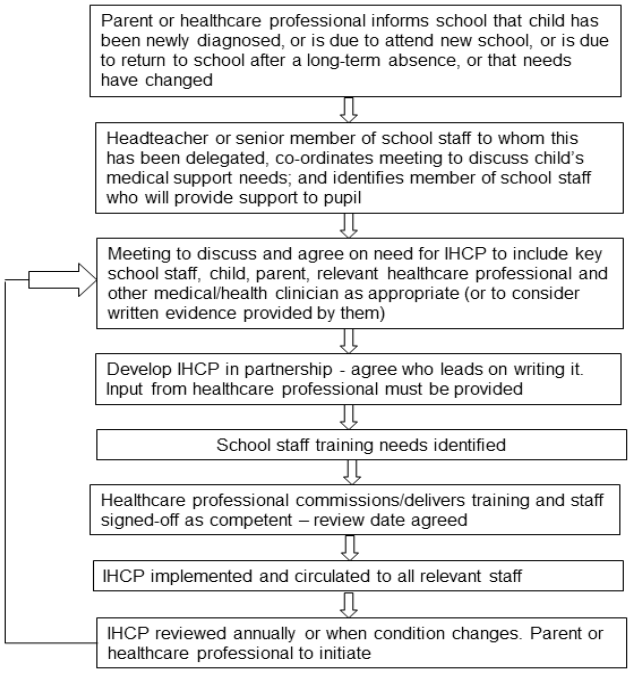
Our Privacy Notice can be found on our website. Please let us know if you would like a copy.

Appendix E: Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Please see sample flowchart below from the Supporting pupils with medical conditions guidance



Appendix F: 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 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

Appendix G: Parent/Carer 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 _____

Pain Relief & Aspirin Notice: The school will NEVER administer aspirin or ibuprofen to a child under 16 unless specifically prescribed by a doctor. For non-prescription paracetamol, administration is subject to written consent below and confirmation that no paracetamol/ibuprofen-containing medication was administered in the preceding 4 hours.

UK GDPR Notice: Consent information is processed under Article 6 and Article 9 of the UK GDPR and Data Protection Act 2018 for pupil health and safety purposes.

Appendix H: 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 The Vyne Community School, Vyne Road, Basingstoke, RG21 5PB
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 if an Automated External Defibrillator (AED) is being brought to the patient (Locations: Main Reception / Sports Hall — registered on The Circuit).**
8) inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
9) put a completed copy of this form by the phone

Appendix I: Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer

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 between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgments 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 pupil support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours faithfully