

Medicines and Supporting Pupils with Medical Conditions Policy

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Intended Audience

Intended Audience	Intended Method of Distribution
Staff/ Students/ Parents / Carers/ Governors	Sharepoint Drive, Web

This procedure / policy and its guidance will always reflect the present and future needs of all stakeholders and to support this we are always open to suggestions for changes and alterations of and to any specific individual provision / requirement to ensure full access to all. This policy will be reviewed as part of the School's review cycle.

AMENDMENT TRACKER

Name of reviewer: Simon Garnham

Date of review: 31 January 2018

Summary of all changes being proposed in this policy review:

Page	Clause	Details of amendment
		No changes proposed

CONTENTS

1. GENERAL STATEMENT	4
2. DEFINITION OF MEDICAL NEEDS	4
3. DEFINITION OF MEDICATION	4
4. KEY ROLES AND RESPONSIBILITIES	4
5. STAFF SUPPORT AND TRAINING	6
6. SPECIFIC ARRANGEMENTS FOR PUPILS WITH MEDICAL NEEDS	7
7. INDIVIDUAL HEALTHCARE PLANS (IHCPs)	7
8. ADMINISTRATION OF MEDICINES	8
9. INFORMATION SHARING	9
10. EMERGENCIES	10
11. AVOIDING UNACCEPTABLE PRACTICE	10
12. INSURANCE.....	10
13. COMPLAINTS	10
APPENDIX 1 - INDIVIDUAL HEALTHCARE PLAN IMPLEMENTATION PROCEDURE ..	11
APPENDIX 2 – INDIVIDUAL HEALTHCARE PLAN TEMPLATE	12
APPENDIX 3 – PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE	14
APPENDIX 4 – RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD TEMPLATE.....	15
APPENDIX 5 – STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES	16

1. GENERAL STATEMENT

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions.

The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are supported in school so they can play a full and active role in school life, remain healthy and achieve their academic potential. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

Pupils with medical conditions need to be supported so they have full access to education (including school trips and physical education) and may also need to be supported with any social and emotional implications associated with their condition. They may additionally require support to ensure they are able to reintegrate with their class if they have been off as a result of their condition and do not fall behind when they are unable to attend.

Some children with medical conditions may be disabled. Where this is the case the Governing Body and Senior Leadership must also comply with their duties under the Equality Act 2010. Some may have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well their special educational need provision. For children with SEN, this policy should also be read in conjunction with the SEN policy.

This policy has been developed in line with the Department for Education's guidance released in April 2014 – "Supporting pupils at school with medical conditions" and will be regularly reviewed and readily accessible to parent/carers on the school website and to Harwich and Dovercourt High School (HDHS) staff.

2. DEFINITION OF MEDICAL NEEDS

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

- (a) Short-term affecting their participation in school activities which they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

3. DEFINITION OF MEDICATION

- "Medication" is defined as any prescribed or over the counter medicine.
- "Prescription medication" is defined as any drug or device prescribed by a doctor.

4. KEY ROLES AND RESPONSIBILITIES

The Local Authority (LA) is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.

- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition (whether consecutive or cumulative across the school year)
- Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.

The Governing Body is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of HDHS.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Headteacher is responsible for:

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

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

School Nurses are responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.

- Providing the school with background information on the condition.
- Liaising locally with lead clinicians on appropriate support.
- Providing support and training on the administration of any medicines.
- Working with the school, parents and pupil and the development of the Individual Healthcare Plan (IHCP) and a Care Plan if required.

Parents and Carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Asking the pharmacist to supply any medication in a separate container, containing only the quantity required for school use, with the prescription and dosage typed or printed clearly on the outside.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication and explaining the importance of compliance to their child.
- Notifying the school if their child's medication changes or is discontinued, or the dose or administration method changes.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.
- Ensuring they or another nominated adult are contactable at all times in case of medical emergencies.

Pupils

- Pupils with medical conditions should be fully involved in discussions about their medical support needs and contribute as much as is possible or appropriate to the development of, and comply with, their individual healthcare plan.
- Where possible and considered appropriate, pupils will be given responsibility for administering their own medicines under the supervision of school staff.

5. STAFF SUPPORT AND TRAINING

HDHS is responsible for ensuring that staff have appropriate training to support children with medical needs.

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.
- Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.
- No staff member may administer drugs by injection unless they have received training in this responsibility.
- All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- Specific training and staff awareness sessions will be held for children with highly individual needs prior to the child joining the school or transitioning to a new class and arrangements are made with appropriate agency (e.g. School Health) to update staff training on a regular basis.
- Records will be kept of training (see Appendix 5) on the school's central training record database.
- Training is given to all staff members who agree to administer medication to pupils, where specific training is needed.

6. SPECIFIC ARRANGEMENTS FOR PUPILS WITH MEDICAL NEEDS

Educational Visits

Every effort is made to encourage children with medical needs to participate in safely managed visits. Consideration is always given to the adjustments which need to be made to enable children with medical needs to participate fully and safely on visits. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of individual health care plans should be taken on visits in the event of the information being needed in an emergency. Arrangements for taking any necessary medicines will need to be made and if necessary an additional member of the support staff, a parent or another volunteer might be needed to accompany a particular child.

If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP.

Residential Trips

Parents of children participating in residential trips will need to complete a consent form (see appendix) giving details of all medical/dietary needs. All medication which needs to be administered during the course of the visit should be handed directly to the Family Liaison Officer / Class Teacher in accordance with the school's guidelines before leaving the school at the start of the trip.

Sporting Activities

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.

Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Reintegration After Absence

Where a child has been absent for a significant period, the school will work with parents and health care professionals where required to support the smooth integration back into class. This will be done on an individual basis.

7. INDIVIDUAL HEALTHCARE PLANS (IHCPs)

Where a child has a medical need which will impact on their condition which will impact on their participation in school activities, their access to education or require the school to administer emergency or life threatening medication, parents/carers need to alert the school immediately.

When staff become aware of a child or young person who is absent from school for fifteen working days or more due to illness linked to either physical or mental ill health, which is either potentially long term or frequent recurring periods of chronic ill health, a CAF form should be completed and consideration given to referral to the Vulnerable Children Service under the Education Act 1996.

It may be beneficial for the academy to hold a "team around the child" meeting to include any relevant professionals, the child or young person if feasible and the parent/carer, to discuss if there are ways that pupil can be supported from HDHS resources. If it is agreed that education other than at school is appropriate or additional support is needed, then the school will activate the

request to the Complex Needs / Vulnerable Children Service in the appropriate Local Authority to request the assignment of a caseworker and referral where necessary to the Medical Programme Service.

Where necessary, an *Individual Healthcare Plan* (IHCP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals. See Appendix 1.

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

Copies of the Health Care Plan will be kept in Student Services in an appropriate medical box so it is available for teaching and non-teaching staff in the event of an emergency and in the IHCP file in the school office. In addition, if the medical condition has the potential to be immediately life-threatening, a copy of the care plan with the emergency procedures to be taken may also be displayed on the Care Board in the staff room so it is clearly visible for all staff and in Student Services.

8. ADMINISTRATION OF MEDICINES

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours (i.e. 1, 2 or 3 times per day so it can be given before / after school). If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for the school to administer medicine. A *Parental Agreement to Administer Medicine* form (Appendix 2) must be completed and signed for each medicine provided.

- Paracetamol can only be given to children when parents/carers have given written permission and for no longer than 3 days
- School staff will never give aspirin or ibuprofen unless prescribed by a Doctor and provided in packaging (to include the prescriber's instructions)
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Pupils should not bring in their own medicine. This should be brought into school by the parent.
- Where it has been agreed that medicines can be given, a named member of staff will be allocated to administer according to the instructions and issued with a *Record of Medicine Administration* form to complete (Appendix 3). This record will be stored with the medicine.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the parent / carer of the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medications will be stored in the Medicine Fridge in Student Services, the Medical cabinet in Student Services and potentially also in the classroom/Lighthouse (canteen) depending on the type of medicine, the needs of the pupil and the level of need for immediate access in the case of a medical emergency. This will be agreed during the development of the IHCP.
- Any medications left over at the end of the course or the end of the academic year will be returned to the child's parents/ carers.
- Written records will be kept of any medication administered to children.

- Pupils will never be prevented from accessing their medication.
- HDHS cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff are not authorized to administer medication by injection unless for the purpose of saving life in an emergency. Invasive procedures will only be undertaken if included in the Individual Health Care Plan and suitable training has been given to the agreed members of staff.

METHOD FOR ADMINISTRATION OF MEDICINE

When administering the medicine, the named person should:

- Confirm the identity of the child
- Check the school medicine record
- Check the name of the medicine against the name of the school record
- Check the dosage

The dosage should be measured without handling the medicine. If the medicine is in liquid form, the bottle needs to be shaken and the contents poured away from the label so that the medicine does not render the instructions illegible. Pupils will be watched taking the medicine and water provided to wash the medicine into the stomach.

DISPOSAL

Medicines should not be allowed to accumulate. They should be returned to the parent/carer for disposal or taken to the local pharmacy. No medicine should be used after its expiry date. Some medicines eg insulin, eye drops and eye ointments have to be discarded 4 weeks after opening. The date of opening must always be recorded on the container for these preparations.

REFUSAL TO TAKE MEDICINE

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform the parents of the refusal on the same day. If a refusal to take medicines results in an emergency, then the usual emergency procedures should be followed.

9. INFORMATION SHARING

Class Teachers

It is vital that class teachers are informed at the start of the academic year or any medical conditions and food allergies (inc. dietary requirements) of the children in their class. Student Services will be responsible for ensuring a class list is handed out at the start of term and updated as new information comes to light or new children with special requirements join the class. Class Teachers will be given copies of care plans for any children in their class for them to store securely. Individual risk assessments will also be undertaken where special evacuation procedures may be required in the event of an emergency or special care arrangements are required for the children moving around the building.

Other Teachers/Coaches

Anyone who will be teaching the class without the class teacher also needs to be provided with information about pupils with medical conditions. This includes PE teachers, sports coaches, drama teachers, after school club co-ordinators etc. Student Services will be responsible for providing this information. Members of staff who are taking the class should also take responsibility for requesting this information if it has not been provided as the office are not always aware of curriculum arrangements. Staff will be informed at staff briefings of any children with serious conditions that they need to watch out for and a copy of the Care Plan put up in the staff room as a reminder.

Catering Team

It is vital that "Lighthouse" Staff are informed of any children with food allergies. This information should be passed on to the catering manager by the SENCO/ CSSA as soon as a new child starts so a photo of the child can be put up in the kitchen.

Supply Staff

Supply staff must be fully informed by the relevant Deputy Head of any children in their class with medical conditions

Work Experience Students

It is the responsibility of the Headteacher and work placement organiser to ensure the placement is suitable for a pupil with medical conditions and / or the placement will not endanger any school pupils with medical conditions.

10.EMERGENCIES

Medical emergencies will be dealt with under the school's emergency procedures. Where an Individual Healthcare Plan (IHCP) or Care Plan is in place, it should detail:-

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

Pupils will be informed in general terms of what to do in an emergency - such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

If a child's special educational need or disability requires special arrangements regarding their movements around the school site, a Personal Emergency Evacuation Plan (PEEP) shall be prepared by SENCO in consultation with the child, his/ her parents/ carer, his/ her designated Learning Support Assistant (where relevant). SENCO will be responsible for disseminating information in the PEEP as necessary. (See Appendix 9).

11.AVOIDING UNACCEPTABLE PRACTICE

HDHS understands that the following behaviour is unacceptable:-

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school unless this is specified in their IHCP.
- Sending the pupil to the school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips or sporting activities.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

12.INSURANCE

Staff who undertake responsibilities within this policy are covered by the school's insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher.

13.COMPLAINTS

The full details of how to make a complaint can be found in the Complaints Policy which is available on the website.

APPENDIX 1 - INDIVIDUAL HEALTHCARE PLAN IMPLEMENTATION PROCEDURE

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

APPENDIX 2 – INDIVIDUAL HEALTHCARE PLAN TEMPLATE

HARWICH AND DOVERCOURT HIGH SCHOOL INDIVIDUAL HEALTH CARE PLAN

Child's name	
Class	
Date of Birth	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
Phone no. (home)	
Mobile	
Name	
Relationship to child	
Phone no. (work)	
Phone no. (home)	
Mobile	

Clinic / Hospital Contact

Name	
Position	
Phone no.	

GP

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 required for the pupil's education, social and emotional needs

Arrangements for school trips / visits

Other information

Describe what constitutes an emergency, and what 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 3 – PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

HDHS will not give your child medicine unless you complete and sign this form, and the school has staff can are trained to administer such medicine.

HDHS MEDICINE ADMINISTERING FORM

Date of request	/ /
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name / type of medicine (as described on the container)	
Expiry date	/ /
Dosage and method of administration	
Timing / when to be given	
Special precautions / other instructions	
Are there any side effects the school needs to know about?	
Self administration	Yes / No (please indicate)
Procedures to take in an emergency	

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

Contact Details

Name	
Relationship to child	
Daytime phone no.	
Name and phone no. of GP	
I understand that I must deliver the medicine personally to	School Reception

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.

Parent's signature _____ Date: _____
 Print name _____

PLEASE NOTE: If more than one medicine is to be given a separate form should be completed for each one. Medicines will be returned at the end of the course of treatment or the end of the academic year.

APPENDIX 4 – RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD TEMPLATE

HDHS RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

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

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

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

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

APPENDIX 5 – STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

HDHS STAFF TRAINING RECORD - ADMINISTRATION OF MEDICINES

Name	
Type of training received	
Date training completed	
Training provided by	
Profession and title	

I confirm that _____ (insert name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that training is updated _____ (please state how often)

Trainer's signature _____

Date _____

I confirm that I received the training detailed above

Staff signature _____

Date _____

Suggested review date _____

APPENDIX 6 - MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

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

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I (or add name of other staff lead) would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of Headteacher

APPENDIX 7 - COMMUNICABLE DISEASES

We work within the recommendations of the CCDC (Consultant in Communicable Disease Control).

DISEASE	EXCLUSION	NOTIFY
Chicken Pox	5 days from onset of rash	Pregnant staff
Food Poisoning	Until free of symptoms (48 hours for children under 5)	CCDC
Hepatitis A	For 5 days from onset of jaundice for children under 5, not justified in older children with good hygiene.	CCDC
Impetigo	Until lesions are crusted or healed	CCDC
Measles	For 5 days from onset of rash	Class parents and pregnant staff
Mumps	For 5 days from onset of swollen glands	CCDC
Ringworm	Do not exclude but ensure treatment by a GP	CCDC
Rubella	For 5 days from onset of rash	Pregnant staff
Scabies	Until day after treatment has commenced	CCDC
Scarlet Fever	For 5 days from commencing antibiotics	CCDC
Tuberculosis	For two weeks after treatment has started, CCDC will advise on action.	CCDC
Whooping Cough	For 5 days from commencing antibiotic treatment- Longer if antibiotics not started early.	CCDC

Immediate reporting of the following conditions is required by telephone to the CCDC:-

Meningitis	Typhoid or Paratyphoid
Whooping cough	Tuberculosis

A report form will be faxed to the CCDC of the following conditions:-

Chicken Pox	Mumps
Conjunctivitis (sticky eye)	Ringworm (scalp)
Parvovirus (Slapped cheek syndrome)	Rubella
Ringworm (body)	Measles
Hand, foot and mouth disease	Scabies
Hepatitis/ Jaundice	Scarlet Fever
Impetigo	

Protecting Staff, Other Pupils, Parents & Carers and Visitors

Special consideration needs to be given to anyone who is immune suppressed i.e. suffering from HIV or undergoing chemotherapy. If the school are aware of anyone who falls into these categories, advice should be taken from the CCDC on whether these people need to be alerted to any incidents of the above medical conditions.

Appendix 8 – Example Personal Emergency Evacuation Plan (PEEP)

PERSONAL EMERGENCY EVACUATION PLAN	
Name	
..... is made aware of a fire evacuation by the fire bell ringing and, if necessary, TA drawing’s attention to it.	
DESIGNATED ASSISTANCE	
The following have been designated to give assistance to get out of the building in an emergency.	
Name	
Contact Details	
Name	
Contact Details	
METHODS OF ASSISTANCE (eg Transfer procedures, methods of guidance etc)	
Pushing wheelchair. Access to lift if appropriate - key in business reception.	
EQUIPMENT PROVIDED (including means of communication)	
... is always in his/her wheelchair. Communication with teacher will be face to face.	
PERSONALISED EVACUATION PROCEDURE (A step by step account)	
1	During normal lesson time: On hearing the alarm, wait until all other students are through the class door. This will ensure that has a clear path to evacuate.
2	TA will push in his/her wheelchair to the nearest exit. If in A block or D block, this should take both onto the staff car park at the front of the school. If in any other block, this should take both to the car park by the Sports Hall.
3	TA and will wait until the alarm stops ringing.
4	TA and will return to class.
	<u>During break or lunch time:</u> On hearing the alarm, will make his/her way as 2 above. TA will make their own way to meet All other steps remain the same.
Monitor and Review	
SENCO/ SEND Admin Support Assistant	