



Blatchington Mill School

Supporting Students with Special Medical Needs Policy



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1. Policy Framework

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Lead Member of Staff:	Richard Chamberlain



2. Introduction

Most students will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication.

Other students have medical conditions that, if not properly managed, could limit their access to education. Such students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

2.1 Support for Pupils with Medical Needs

Parents or carers have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents and the student, if they are mature enough, should give details in conjunction with their child's GP or paediatrician, as appropriate. The school doctor or nurse and specialist voluntary bodies may also be able to provide additional background information for school staff.

The School Health Service can provide advice on health issues to students, parents, teachers, education officers and local authorities. Health Authorities, LAs and governing bodies should work together to ensure pupils with medical needs and school staff have effective support in schools.

Blatchington Mill School is fortunate to have a dedicated specialist on site in the Medical Room for most of the school day: the principal first aid officer, supported by an assistant. For all other staff there is no legal duty which requires the administering of medication; this is a voluntary role. Staff who provide support for students with medical needs, or who volunteer to administer medication, need support from the head and parents, access to information and training, and reassurance about their legal liability.

The school does have a number of staff prepared to undertake these duties. These are first-aiders in the school and some specifically trained support staff. The school meets all its legal requirements in this respect.

2.2 The Role of Parents

Parents should provide the head and SENCOs with sufficient information about their child's medical condition and treatment or special care needed at school – this would typically be through the Individual Medical Care Plan (IMCP), Individual Health Care Plan (Where the medical condition requires ongoing medication, regular hospital visits or may require emergency treatment). They should, jointly with Blatchington Mill's staff, reach agreement on the school's role in helping with their child's medical needs.



Parents' cultural and religious views will always be respected. Ideally, the head should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a student.

2.3 The Governing Body

The school governing body is responsible, under the Health and Safety at Work etc. Act 1974, for making sure that a school has a Support for Medical Needs policy.

The Governors must also make sure that their insurance arrangements provide full cover for staff acting within the scope of their employment. The Local Authority arranges such insurance cover.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to make sure that correct procedures are followed. Keeping accurate records in the school is helpful in such cases. Samples of such records can be found at the end of this policy.

Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The employer is also responsible for making sure that willing staff have appropriate training to support students with medical needs. This should be arranged in conjunction with the Health Authority or other health professionals. Health Authorities have the discretion to make resources available for any necessary training. In many instances they will be able to provide the training themselves. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise. A health care professional should confirm proficiency in medical procedures.

2.4 The Headteacher

The Head is responsible for implementing the governing body's policy in practice and for developing detailed procedures. When teachers volunteer to give pupils help with their medical needs, the Head should agree to their doing this, and must ensure that teachers receive proper support and training where necessary.

The Head should make sure that all parents are aware of the school's policy and procedures for dealing with medical needs. The Head should make it clear to parents that they should keep children at home when they are unwell or in pain.

For a student with medical needs, the Head (or the member of staff delegated) will need to agree with the parents exactly what support the school can provide. Where there is concern about whether the school can meet a student's needs, or where the parents' expectations appear unreasonable, the head can seek advice from the school nurse or



doctor, the child's GP or other medical advisers and, if appropriate, the LA. Complex medical assistance is likely to mean that the staff who volunteer will need special training.

If staff follow the school's documented procedures, they will normally be fully covered by their employer's public liability insurance should a parent make a complaint. The Head should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support.

2.5 Blatchington Mill's Principal First-Aid Officer

Blatchington Mill School's principal first-aid officer is responsible for the issuing of a Medical Consent Form prior to a student's admission to school. This includes consent for medical treatment in school and includes the administration of paracetamol.

Day to day decisions about administering medication will normally fall to Blatchington Mill's principal first-aid officer. They will act as a focal point between school pastoral staff, parents and other health professionals.

Except where a pupil has been prescribed a blue inhaler for the use of asthma relief, all other medication will be kept in a secure cupboard in the Medical Room.

A list of students with medical needs is sent to all staff and a copy kept in the Medical Room, listing students with specific and serious medical conditions, including sections on Diabetes, Cystic Fibrosis, Epilepsy, Severe Allergic Reaction (Anaphylaxis). The file also contains a Year list of all students with asthma. A copy of a student's IMCP will be kept in the Medical Room.

2.6 Teachers and Other School Staff

Some school staff are naturally concerned about their ability to support a student with a medical condition, particularly if it is potentially life threatening. Teachers who have students with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. The student's parents and health professionals should provide this information. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable, for example, the first aiders that cover for the Principal first-aid officer. At different times of the school day other staff may be responsible for pupils (e.g. Lunchtime Supervisors). It is important that they are also provided with training and advice.

2.7 School Staff giving Medication

Teachers' conditions of employment do not include giving medication or supervising a student taking it, although staff may volunteer to do this and many are happy to do so. Any member of staff who agrees to accept responsibility for administering prescribed medication to a student should have proper training and guidance. He or she should also



be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case.

Broadly speaking, however, the School favours a policy of self-medication where the student is mature enough to undertake this role.

2.8 The Local Authority

The LA can provide a general policy framework of good practice to guide schools in drawing up their own policies on supporting pupils with medical needs. Many LAs find it useful to work closely with their Health Authority when drawing up a policy. The LA may also arrange training for staff in conjunction with health professionals.

LAs arrange home to school transport where legally required to do so. They must make sure that students are safe during the journey. Most students with medical needs do not require supervision on school transport, but LAs should provide appropriately trained supervisors if they consider them necessary.

2.9 Health Authorities

Health Authorities (HAs) have a statutory duty to purchase services to meet local needs. National Health Service (NHS) Trusts provide these services.

Health Authorities normally designate a medical officer with specific responsibility for children with special educational needs (SEN). Some of these children may have medical needs. NHS trusts, usually through the School Health Service, may provide advice and training for school staff in providing for a pupil's medical needs.

The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

2.10 The School Health Service

The nature and scope of the service to schools varies between Health Authorities. It can provide advice on health issues to children, parents, teachers, education welfare officers and local authorities. The main contact for schools is likely to be the school nurse employed by the School Health Service.

The School Health Service may also provide guidance on medical conditions and, in some cases, specialist support for a child with medical needs.



2.11 The School Nurse

In addition to our own Principal first-aid officer, Blatchington Mill School has a health service appointed school nurse. The school nurse may help schools draw up individual health care plans for pupils with medical needs, and may be able to supplement information already provided by parents and the child's GP.

If necessary, the school nurse will undertake an Individual Medical Care Plan (IMCP), Individual Health Care Plan (Where the medical condition requires ongoing medication, regular hospital visits or may require emergency treatment) and/or risk assess students with medical needs.

The nurse may also be able to advise on training for school staff willing to administer medication, or take responsibility for other aspects of support. The school nurse may attend school open days or parents' evenings to give advice to parents and staff.

2.12 The General Practitioner (GP)

GPs are part of primary health care teams. Most parents will register their child with a GP. A GP has a duty of confidentiality to patients. Any exchange of information between GPs and schools about a child's medical condition should be with the consent of the child (if they have the capacity) or otherwise that of the parent or guardian. In some cases parents may agree for GPs to advise teachers directly about a child's condition, in others GPs may do so by liaising with the School Health Service.

2.13 Other Health Professionals

Other health professionals may also be involved in the care of students with medical needs in schools. The Community Paediatrician is a specialist doctor with an interest in disability, chronic illness and the impact of ill health on children. He/she may give advice to the school on individual pupils or on health problems generally.

Most NHS Trusts with School Health Services have specialist trained pharmacists, often referred to as Community Services Pharmacists. Community Pharmacists provide pharmaceutical advice to School Health Services normally through Community Health Trusts. Some work closely with local authority education departments and give advice on the management of medicines within schools. This can involve helping to prepare policies related to medicines in schools and training school staff. In particular, they can advise on the storage, handling and disposal of medicines.

Some students with medical needs will receive dedicated support from a specialist nurse or community paediatric nurse. These nurses often work as part of an NHS Acute or Community Trust and work closely with the primary health care team. They can provide advice on the medical needs of an individual student, particularly when a medical condition has just been diagnosed and the student is adjusting to new routines.



3. Illness in School – Procedure

3.1 Introduction

- It is the parent's responsibility to keep the student at home when unwell or in pain.
- If a student says they are too unwell and unable to carry on in the lesson, the teacher will send the student (accompanied if necessary) with relevant permission to the Medical Room. The principal first-aid officer will review the status of the student and decide whether they should be redirected back to the classroom.
- Where a student is obviously too ill to continue the day in school, the parent/carer will be contacted and asked to come to school to collect the student. The parent/carer may authorise another responsible adult to do this on their behalf or that the student goes home unaccompanied. Under no circumstances will the student be allowed to leave the school unaccompanied without parental permission.
- Where the student is feeling 'off colour', but has no clear signs of illness they will be encouraged back to lessons after a short spell in the Medical Room.
- Students should not contact parents/carer directly to go home, without first visiting the Medical Room.

Many students will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow students to do this will minimise the time they need to be off school.

Medication should only be taken to school when absolutely essential.

It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

3.2 Non-Prescription Medication

School staff should not give non-prescribed medication to students. Paracetamol is the exception and can be issued by first-aiders provided the parent/carer has signed a consent form.

A child under 12 should never be given aspirin, unless prescribed by a doctor.

If a student suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate pain killers for their child's use, with written instructions about when the child should take the medication. Blatchington Mill School's Principal first-



aid officer should supervise the student taking the medication and notify the parents if necessary.

3.3 Long Term Medical Needs

It is important for the school to have sufficient information about the medical condition of any student with long term medical needs. If a student's medical needs are inadequately supported this can have a significant impact on a student's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs before a student starts school, or when a student develops a condition. For students who attend hospital appointments on a regular basis (dialysis), special arrangements may also be necessary, including liaison with subject teachers.

3.4 Administering Medication

No student should be given medication without his or her parent's written consent. Any member of staff giving medicine to a student should check:

- the student's name
- written instructions provided by parents or doctor
- prescribed dose
- expiry date

If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.

Staff must complete and sign a log book each time they give medication to a student. This is written in the Accident Book which is kept in the Medical Room.

3.5 Self-Management

Whilst it is good practice to allow students who can be trusted to do so to manage their own medication from a relatively early age, having a Principal first-aid officer and the risks associated with carrying medication means in most cases medication will be stored in the Medical Room.

3.6 Refusing Medication

If a student refuses to take medication, school staff should not force them to do so. The school should inform the student's parents as a matter of urgency. If necessary, the school should call the emergency services.



3.7 Record Keeping

Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:

- name of medication dose
- method of administration
- time and frequency of administration
- other treatment
- any side effects

3.8 School Trips

It is good practice for us to encourage students with medical needs to participate in schools trips, wherever safety permits. A first-aider should always be present on a residential trip or a trip likely to last more than two hours beyond the normal school day.

It is the parent's responsibility to complete in detail any medical forms, issued by the school prior to a day/residential visit, and ensure emergency contact details are accurate.

Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of the student's Individual Medical Care Plan should accompany the visit and parents should ensure staff are fully aware of any specific problems that may be encountered on the visit.

Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a student's safety, or the safety of other students on a trip, they should seek advice from the Trips Co-ordinator. In turn, they may get medical advice from the School Nurse, Health Service or the child's GP.

3.9 Sporting Activities

Most students with medical conditions can participate in extra-curricular sport or in the PE curriculum which is sufficiently flexible for all students to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a student's ability to participate in PE should be included in their individual health care plan.

Some students may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.



3.10 Safety Management and Storing Medication

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Medicines will be stored in Medical Room. We should not store large volumes of medication and should ask the parent or student to bring in small doses. However, this is not always possible.

When the school stores medicines, staff should ensure that the supplied container is labelled with the name of the student, the name and dose of the drug and the frequency of administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health care staff should never transfer medicines from their original containers. The Head is responsible for making sure that medicines are stored safely. Students should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers, must be readily available to students and must not be locked away.

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. This refrigerator is in the Medical Room thereby restricting access.

3.11 Access to Medication

Students must have access to their medicine when required. The school may want to make special access arrangements for emergency medication that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed.

3.12 Disposal of Medicines

Blatchington Mill School's Principal first-aid officer will dispose of any expired medicines. Other school staff should not dispose of medicines.

3.13 Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.



3.14 Emergency Procedures

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A student taken to hospital by ambulance should be accompanied by a member of staff who should remain until the student's parent arrives. If a child requires the use of an ambulance, an appropriate member of the SLT must be notified of the incident.

Generally staff should not take students to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

3.15 Purpose of a Health Care Plan

The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and the student the help that the school can provide and receive. School should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year.

The school should judge each pupil's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. However, the school's medication policy must be applied uniformly. The Head should not make value judgements about the type of medication prescribed by a registered medical or dental practitioner.

Drawing up a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. Those who may need to contribute to a health care plan are:

- the School Nurse
- the Headteacher
- the parent or guardian
- the child (if sufficiently mature)
- Form Tutor/Year Head/LDO
- Care Assistant or Support Staff
- school staff who have agreed to administer medication or be trained in emergency procedures
- the school health service, the child's GP or other health care professionals (depending on the level of support the child needs)

3.16 Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a pupil's medical needs.



The Head must make sure that supply teachers know about any medical needs. When a secondary school arranges work experience, the Head should ensure that the placement is suitable for a student with a particular medical condition. Students should be encouraged to share relevant medical information with employers.

3.17 Staff Training

A health care plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies. School staff should not give medication without appropriate training from health professionals. If school staff volunteer to assist a student with medical needs, Blatchington Mill School's Principal first-aid officer will arrange appropriate training.

A record of Staff training will be kept. The First Aid officer will ensure training is up to date.

3.18 Confidentiality

The Head and school staff should treat medical information confidentially. The head should agree with the student (where he/she has the capacity) or otherwise the parent, who else should have access to records and other information about a pupil. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

3.19 Intimate or Invasive Treatment

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents and heads must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing. Each Health Authority will have a 'named professional' to whom schools can refer for advice. The Head or governing body should arrange appropriate training for school staff willing to give medical assistance. If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the student as far as possible, even in emergencies.

4. Review

This policy will be subject to review and evaluation bi-annually.



5. Appendix 1 – Common Concerns

The medical conditions in children which most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This policy provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of students are assessed on an individual basis.

5.1 Asthma

What is Asthma?

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

Medication and Control

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).

Most students with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Each student's needs and the amount of assistance they require will differ.

Children with asthma must have immediate access to their reliever inhalers when they need them. Students who are able to use their inhalers themselves should usually be allowed to carry them with them. If the child is too young or 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 student's name. Inhalers should also be available during physical education and sports activities or school trips.

It is helpful if parents provide schools with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers must be clearly labelled with the student's name and stored safely.

Common Concerns

The medication of any individual student with asthma will not necessarily be the same as the medication of another student with the same condition. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the student is taking other medication.

Students should not take medication which has been prescribed for another student. If a student took a puff of another student's inhaler there are unlikely to be serious adverse effects. However, schools should take appropriate disciplinary action if inhalers are misused by the owner or other students.

Students with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit students with asthma in the same way as other students. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Students with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

The health care plan should identify the severity of a student's asthma, individual symptoms and any particular triggers, such as exercise or cold air.

If a student is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the student, as this may restrict breathing. The student should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the student appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

5.2 Epilepsy

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the student and school staff are given adequate support.



Not all students with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/ or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost).

Examples of some types of generalised seizures are:-

- Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The student's pallor may change to a dusky blue colour.

Breathing may be laboured during the seizure.

During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some students only experience the tonic phase and others only the clonic phase. The student may feel confused for several minutes after a seizure. Recovery times can vary - some require a few seconds, where others need to sleep for several hours.

- Absence Seizures

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A student having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the student is being inattentive or is day dreaming.

- Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

- Simple Partial Seizures (when consciousness is not impaired)

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

- Complex Partial Seizures (when consciousness is impaired)

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit



what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a student's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some students. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

Students with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with students and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor.

When drawing up health plans, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The student should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The student's airway must be maintained at all times. The student should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the student should be turned on his or her side and put into recovery position. Someone should stay with the student until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the student regaining consciousness or where there is any doubt.

5.3 Diabetes

What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.



Medication and Control

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most students will be able to do this themselves and will simply need a suitable place to do so.

Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the student may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of Physical Education classes or other physical activity sessions should be aware of the need for students with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycaemic Reaction

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

Each student may experience different symptoms and this should be discussed when drawing up the health care plan.

If a student has “a hypo,” it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the student has recovered, some 10-15 minutes later. If the student’s recovery takes longer, or in cases of uncertainty, call an ambulance.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents’ attention.



5.4 Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency.

The student may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other students should also be taken into account. If a student is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such students at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion



- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

Each student's symptoms and allergens will vary and will need to be discussed when drawing up the health care plan.

Call an ambulance immediately particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.



6. Appendix 2 - First Aid Policy

This policy is written as an extension of the School's Policy Statement for Health & Safety, endorsed by its Senior Leadership Team and Governors.

Policy Statement

Blatchington Mill School will undertake to ensure compliance with the relevant legislation with regard to provision of first aid to all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to students and others who may also be affected by our activities or injured on school premises.

Aims/Objectives

This policy will be achieved by:

- Ensuring there are a sufficient number of trained First Aiders on duty and available for the numbers and risks on the premises.
- Ensuring there are suitable and sufficient facilities and equipment available to administer first aid.
- Ensuring the above provisions are transparent and clear to all who may require them.

Responsibilities

- The Business Manager will ensure that the First Aid Policy and Procedures are reviewed from time to time.
- The Business Manager will ensure that suitable and sufficient assessments are carried out to ascertain first aid needs.
- The Business Manager will ensure that the minimum numbers of First Aiders, identified in the first aid assessment, will be provided.
- The Business Manager will ensure that First-Aiders are offered training to a competent standard, which includes refresher training.
- The Business Manager will ensure that arrangements are in place for a suitable budget for training and re-training of First Aiders.
- The Business Manager will ensure that suitable first aid equipment is provided.
- The Facilities Manager will ensure the suitable first aid notices are displayed, which detail names of First Aiders and contact information.
- First Aiders will ensure that all first aid treatments are recorded in the legally prescribed Accident Book.
- The Senior Leadership Team will ensure that the policy is followed for first aid arrangements; are catered for in examination rooms and in other activities such as project work and field trips.
- The Business Manager will ensure that audits are carried out periodically to ensure the effectiveness of first aid arrangements.
- Records of risk assessments and accident investigations will be held by the Business Manager and reported to the Governing Body termly.



- First aid course booking forms will be processed by the Business Manager and CPD Coordinator.

6.1 First Aid Procedure

6.1.1 Introduction

The Health and Safety (First-Aid) Regulations 1981 set out the essential aspects of first aid that employers have to address. Employers are required to:

- carry out an assessment of first aid needs appropriate to the circumstances of each workplace.
- provide adequate numbers of qualified First Aiders throughout the organisation.
- maintain levels of competence of First Aiders.
- provide adequate equipment for first aid treatment.
- provide adequate first aid rooms or other suitable areas for first aid treatment.
- record first aid treatment.

6.1.2 First Aid Personnel

Specialist First Aider

The School has a Specialist First Aider and many other supporting first-aiders who have the First Aid at Work Certificate and coordinate first-aid provision within the school.

Training of first aid personnel

All First Aiders must hold a valid certificate of competence, approved by the Health and Safety Executive, before taking up their duties as First Aiders. First aid certificates are only valid for three years. Therefore the Business Manager will ensure that appropriate records are kept regarding training of First Aiders.

Members of staff who wish to become First Aiders should make themselves known to the Business Manager or Staffing Manager, who will arrange for a convenient course, following a Needs Analysis.

First aid in examination rooms

Examination Invigilators will be apprised of the school's first aid arrangements for examinations before each examination diet. Normally, Invigilators will rely on the first aid provision of the building in which the examination is taking place.

6.1.3 First-aid containers

The required minimum level of first-aid equipment is a suitably stocked and properly identified first-aid container. Such a container should be provided in an easily accessible location.



As a minimum, each first aid container should include the following:

- a leaflet giving general guidance on first aid;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages;
- safety pins;
- six medium sized individually wrapped sterile unmedicated wound dressings;
- two large sterile individually wrapped unmedicated wound dressings;
- one pair of disposable gloves.

The following additional items may be available where appropriate:

- one pair of scissors;
- adhesive tape;
- individually wrapped moist wipes;
- one litre of sterile normal saline (0.9%) in a sealed, disposable container.

6.1.4 Vehicles used for transporting passengers

First aid containers should be provided in all vehicles used for transporting passengers. These should contain the following items:

- a leaflet giving general guidance on first aid;
- six individually wrapped sterile adhesive dressings;
- one large sterile unmedicated dressing;
- two triangular bandages;
- safety pins;
- individually wrapped moist cleaning wipes;
- one pair of disposable gloves.

The contents of first aid containers should be examined on a monthly basis, to check for the correct quantities of items and for expiry dates, and restocked as appropriate. Heads of School / Department should allocate this responsibility to a suitable person. Any new stock required should be ordered using the normal school order form.

6.1.5 First aid rooms

The Medical room is the first port of call for students who develop medical problems during the day – except in the case of an emergency.

The purpose of the Medical room is to allow a suitable location for the delivery of first aid treatment. In addition, it may also be used as an area in which expectant or breastfeeding mothers may lie down and rest.

All first aid rooms are equipped to the school's predefined standard and are audited periodically to ensure the room, fixtures, fittings and equipment are suitable and fit for purpose.

6.1.6 First aid notices



Suitable notices will be displayed near to the entrance of premises, which indicate the names and locations of First Aiders. Contact information should also be displayed on these notices.

6.1.7 Records

All first aid incidents should be reported on The Accident/Incident Report Form. Normally, the injured party will complete the form but where this is not possible, the First Aider may complete the form on the Injured Party's behalf.

After appropriate primary investigation of the cause of the accident/incident, the form should be returned to the Business Manager who may conduct an enhanced investigation.

Where required, notifiable accidents/incidents are presented within five days to the local authority and a summary of all incidents/accidents is made to the Governing Body on a termly basis.



7. Appendix 3 - Accident/Incident Policy

This policy is written as an extension of the School's Policy Statement for Health & Safety, endorsed by its Senior Leadership Team and Governors.

Policy Statement:

Blatchington Mill School will ensure, so far as is reasonably practicable, that all accidents and "near-miss" incidents are reported internally and, where appropriate, to the enforcing authority. In addition, all incidents will be investigated and reasonable measures put in place to prevent recurrence.

Aims/Objectives:

- To ensure compliance with all relevant legislation.
- To ensure all accidents, "near-miss" incidents and dangerous occurrences are recorded.
- To ensure that the enforcing authority is informed of "notifiable" accidents and dangerous occurrences.
- To undertake suitable and sufficient investigations following accidents, "near-miss" incidents and dangerous occurrences.
- To conduct regular statistical analysis of accidents and "near-miss" incidents and to benchmark against other similar organisations.
- Responsibilities:
 - The Business Manager will ensure that the appropriate policies, procedures and audit protocols are in place and reviewed from time to time.
 - First-Aiders will ensure that these policies and procedures are implemented and adhered to on a sustainable basis in their areas of strategic responsibility.
 - The Business Manager will ensure that an appropriate system for reporting and investigating accidents, "near-miss" incidents and dangerous occurrences is in place.
 - First-Aiders will ensure that all accidents, "near-miss" incidents and dangerous occurrences are reported to the Business Manager.
 - The Business Manager will ensure that "notifiable" accidents and dangerous occurrences are reported to the enforcing authority.
 - The Business Manager in liaison with the principal first aid officer will ensure that accidents, "near-miss" incidents and dangerous occurrences are investigated and appropriate action taken to prevent recurrence.
 - The Business Manager will ensure that serious accidents, "near-miss" incidents and dangerous occurrences are reported to the Finance & Resources Committee of the School and also reported on a termly basis to the Governing Body.
 - The Business Manager will ensure that audits are carried out periodically to ensure the effectiveness of control measures.
 - Employees, students, visitors, contractors and others will ensure they report accidents, "near-miss" incidents and dangerous occurrences to their line managers.



Arrangements:

- Accidents will be recorded on the Accident/Incident form.
- Investigations of accidents, “near-miss” incidents and dangerous occurrences will be investigated in the first instance by the First Aider and the investigation recorded on the Accident / Incident Investigation form.
- All staff, students and visitors cooperate with the First-Aider during accident and incident investigations.
- The Business Manager may carry out an enhanced investigation in appropriate circumstances
- The Governing Body may request an enhanced investigation in appropriate circumstances.

7.1 Accident/Incident Reporting Procedure

7.1.1 Definitions:

The following should be regarded as an accident/incident for the purposes of this procedure.

(i) An accident

The HSE define an accident as “any unplanned event that resulted in injury or ill health of people, or damage or loss to property, plant, materials or the environment or a loss of business opportunity”.

Example: A window cleaner dropping a bucket from a height, which caused injury to a person underneath, would be classed as an accident.

(ii) A “near-miss” incident

A “near-miss” incident can be defined as, “any event, which under slightly different circumstances, may have resulted in injury or ill health of people, or damage or loss to property, plant, materials or the environment or a loss of business opportunity”.

Example: A window cleaner dropping a bucket from a height, which just missed a person standing underneath, would be classed as a “near-miss” incident. This incident did not cause an injury to a person but, under slightly different circumstances (the person standing nearer to the contact point) the person may have been injured.

(iii) Other Incidents

Other incidents include threatening behaviour and physical violence.

(iv) Dangerous occurrence

A dangerous occurrence can be defined as, “any incident that has a high potential to cause death or serious injury” and are specified by the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995.

7.1.2 The Accident/Incident Form

All accidents/incidents must be recorded by the injured party, First Aider present or witness using the Accident/Incident Report Form (HS/2). Where the Injured Party is off



work either owing to the injury or on leave, the Line Manager may complete the form on their behalf.

Completed Forms should be distributed within three working days of the incident occurring as follows:

Original: Business Manager

Copy 1: The Medical room

Recipients must ensure that the information contained on the Form is kept confidential in accordance with the Data Protection Act 1998.

The Medical room is required to have sufficient Accident/Incident Report Forms which must be easily accessible to all staff and students. The form is also kept on Central Resources

The principal first aid officer will ensure that the Head of Department where the incident occurred will be made aware that the incident has occurred within their area.

7.1.3 Immediate Reporting of Serious Accidents/Incidents by Telephone

Where a serious accident/incident (see List of Serious Incidents below) has occurred, First Aid should be telephoned immediately - although not at the expense of carrying out emergency first aid/medical treatment.

The principal first aid officer will decide what level of further investigation is required and whether or not it needs to attend the incident based on the facts obtained from the telephone conversation. Where appropriate, the Medical room may refer to the Business Manager for advice.

Where the patient is referred to hospital by the First Aider as a precaution or for treatment, the parents will be contacted.

Even though a telephone call to the Medical room has been made, an Accident/Incident form should still be completed and submitted as described above.

List of Serious Incidents

The following list is indicative rather than exhaustive:

- Statutory dangerous occurrences, e.g. collapse of a structure; lifting gear failure; boiler explosion – anything with high potential to kill or injure.
- Injuries beyond the scope of first aid – i.e. referred to hospital by the First Aider for treatment (not just as a precaution)
- Safety-related incidents involving the emergency services
- Incidents likely to attract the attention of the statutory authorities, or warrant investigation should they be alerted
- Near-miss incidents (with high impact potential) involving members of the public
- Incidents likely to attract negative media attention



7.1.4 HSE Accident Books

The Medical room will use information provided on the Accident/Incident Report Form to complete entries in the Accident Book for all staff or student treatment. These entries will be referenced to the Accident/Incident Report Form and filed appropriately in accordance with the Data Protection Act 1998.

7.1.5 RIDDOR Reporting

Upon receipt of an Accident/Incident Report Form the Business Manager will decide if the accident/incident is reportable under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. Where this is the case, the Business Manager will report the incident to the HSE via the local authority.

7.1.6 Accident Investigation

Following any accident/incident or near miss, the Department deemed to be in control of the area where the incident occurred will ensure that an accident investigation will be undertaken. The investigation will be to establish the immediate and underlying causes in order to prevent a similar incident occurring in the future.

A copy of the completed investigation form must be returned to the Business Manager within 3 days of the accident/incident or near miss.

Advice and/or assistance for completion of the accident/incident investigation form can be sought from the Medical room.

The Business Manager will conduct an enhanced investigation for any incident/accident or near miss which results in a report having to be made under the RIDDOR regulations.

All members of staff are required to cooperate fully with investigations conducted in the interests of health and safety.

7.1.7 Trade Union Safety Representatives

Trade Union Safety Representatives, if any are appointed, may request that the Medical room inform them of any accident/incident in which one of its members is involved. In order to comply with the Data Protection Act 1998, information supplied to the Safety Representative will not contain personal details (name, address etc.) of the Injured Party unless the Injured Party gives consent.

Trade Union members are at liberty to inform their Trade Union Safety Representative of any accident/incident in which they are involved. Safety Representatives may investigate accidents/incidents in accordance with the Safety Representatives and Safety Committees Regulations 1977.



7.1.8 Data and Trend Analysis

The Business Manager will undertake statistical and trend analysis of accident/incident data in order to assess the school's performance against appropriate benchmarks. Such data will normally be considered by the Governing Body at its regular meetings.

7.1.9 Dealing with Press Interest

Blatchington Mill School is obliged to convey only accurate and consistent information to the Press. Members of staff should therefore refer any press enquiries regarding accidents/incidents to the Head, Business Manager or Deputy Head only.



8. Appendix 4: Sample Documents

8.1 (a) Individual Healthcare Plan

Name of school	
Child's name	
Tutor Group/School	
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



8.2 (b) Parental Agreement for setting to administer Medicine

The school will not give your child medicine unless you complete and sign this form.

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 <i>(as described on the container)</i>	
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 policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____



8.3 (c) Record of Medicine administered to an individual child

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

Staff signature _____

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

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



**8.3 (c) Record of medicine administered to an individual child
(Continued)**

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			



8.4 (d) 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
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8.5 (e) Staff training record – administration of medicines

Name of school	
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 _____



8.6 (f) Protocol for 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



8.7 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 the 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 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 pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely