

Springwood Infant and Junior School Federation

TOGETHER WE LEARN, TOGETHER WE GROW



Supporting Pupils with Medical Needs and

Children with Health Needs Who Cannot Attend School

Statutory Policy

Approved By: **Governing Body**

Effective Date: **October 2024**

Review By: **October 2026**

**Stay Safe,
Treat Others How You Wish to be Treated,
Try Your Best and be Proud**

Foreword

This policy is based on the HCC Children's Services and Safety Team policy template, version 2 – February 2016, and with regard to "Supporting Pupils at School with Medical Conditions" School Guidance, DfE 2015 updated 2017 and HCC Inclusion Support Services, policy for access to education for school age children and young people with medical needs, as detailed in Appendix I "Inclusion Support Service (ISS) Policy for access to education for school age children and young people with medical needs" (Nov 2019)

Introduction

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

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

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

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

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

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

It is the Executive Headteachers' responsibility to ensure that:

- staff are appointed as appropriate,
- sufficient staff are suitably trained,
- cover arrangements are made in case of staff absence or staff turnover to ensure someone is always available,
- systems to brief supply teachers are in place,
- all relevant staff will be made aware of the child's condition,
- appropriate forms are completed in relation to the HCC Health and Safety website,
- that risk assessments for school visits, holidays, and other school activities outside of the normal timetable are conducted,
- Individual healthcare plans are monitored.

The School Aims to:

- ensure the correct procedures are followed and appropriate forms completed,
- keep accurate records of procedures,
- train staff in supporting pupils with medical needs from appropriate health professionals. The type of training necessary will depend on the individual case,

- treat all information confidentially,
- have an individual health care plan for pupils with medical needs and to complete, review and update the necessary forms,
- protect the dignity of the pupil as far as possible, even in emergencies.

Key Roles & Responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for:

- making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- the governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- also ensuring that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Executive Headteacher is responsible for ensuring that:

- their school's policy is developed and effectively implemented with partners.
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- all staff who need to know are aware of the child's condition.
- sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- they have overall responsibility for the development of individual healthcare plans.
- school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Teachers and Support Staff are responsible for:

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

The School Link Nurse is responsible for:

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

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

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly. In addition, the school will follow the guidance issued by the DFE Model Process for developing individual health care plans (Appendix A) and HCC health and safety department.

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

Individual health care plans

Statutory Requirement: The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

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

Where children require an individual healthcare plan it will be the responsibility of *the Admin Team and SENDCo* to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The *Admin Team and SENDCo* will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the DfE to record the plan, which has been customised to the needs of the school, in line with the HCC guidance.

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

Statutory Requirement: The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

The school will ensure that all plans are reviewed at the beginning of each new academic year. In addition, the school will continually liaise with parents to ensure that any updates to their child's medical condition are reported to the school and information is updated. The school, where possible, will work with external agencies to ensure that they remain up to date with developments.

Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Executive Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;

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

Staff Training

Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

All new staff will be inducted on the policy when they join the school through *their induction process*. *The policy is also available via the school teaching resources computer process and displayed on the health and safety board*. Records of this training will be stored *within the health and safety training certificate file and displayed on the health and safety board*.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out every *academic year or when updates are provided*. *The training will be conducted through staff meeting and updates will be provided through school communication of either email or memo*.

The awareness training will be provided to staff by *training provided at staff meeting, with specific staff undertaking the full training to ensure that the statutory standards are maintained*.

We will retain evidence that staff have been provided the relevant awareness training on the policy by *signature acknowledgement records*.

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

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

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

The Child's Role

Statutory Requirement: The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

Managing medicines on School Premises

Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

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

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking Form which has been adapted to school specific needs and for greater identification.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

It is the parent's responsibility to check that the medication is in date before providing this to the school for dispensing. In addition, parents are responsible for checking levels of medicine and date of expiry on long-term medication kept within the classrooms (eg asthma inhalers).

Children who are able to use their own inhalers themselves are encouraged to carry it 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 child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will not administer non-prescribed medicines on request from the parent. The Executive Headteacher may consider the administration of non-prescribed medication, in exceptional circumstances, if they are in clearly identifiable packaging and only on a short term basis (Where the school have concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

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

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

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

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in a *dedicated refrigerator situated within the medical rooms at each school* in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

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

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

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

Disposal

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

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through *the appropriate contractor* who will remove them from site *on a weekly basis*. *The federation currently do not have any requirement for the disposal of needles.*

Medical Accommodation

The medical room is situated adjacent to each school main office; it will be used for all medical administration/treatment purposes. The medical room will be made available when required.

Record keeping

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedure

Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

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

The school will use the guidance of *Appendix F: Contacting Emergencies Services form if emergency service requirements are used.*

Day trips/off site activities

Statutory Requirement: *The Governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.*

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

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

Other issues

When undertaking the development of this policy, the governing body currently stand that the following areas will not be implemented at this time. The implementation will be reviewed on an 'as required' basis.

- Home-to-school transport
- Defibrillators
- Asthma Inhalers for Emergency Use (non-specific prescribed)

Unacceptable practice

Statutory Requirement: The governing body will ensure that the school's policy is explicit about what practice is not acceptable.

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

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

Liability and Indemnity

Statutory Requirement: The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

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

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

Complaints

Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

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

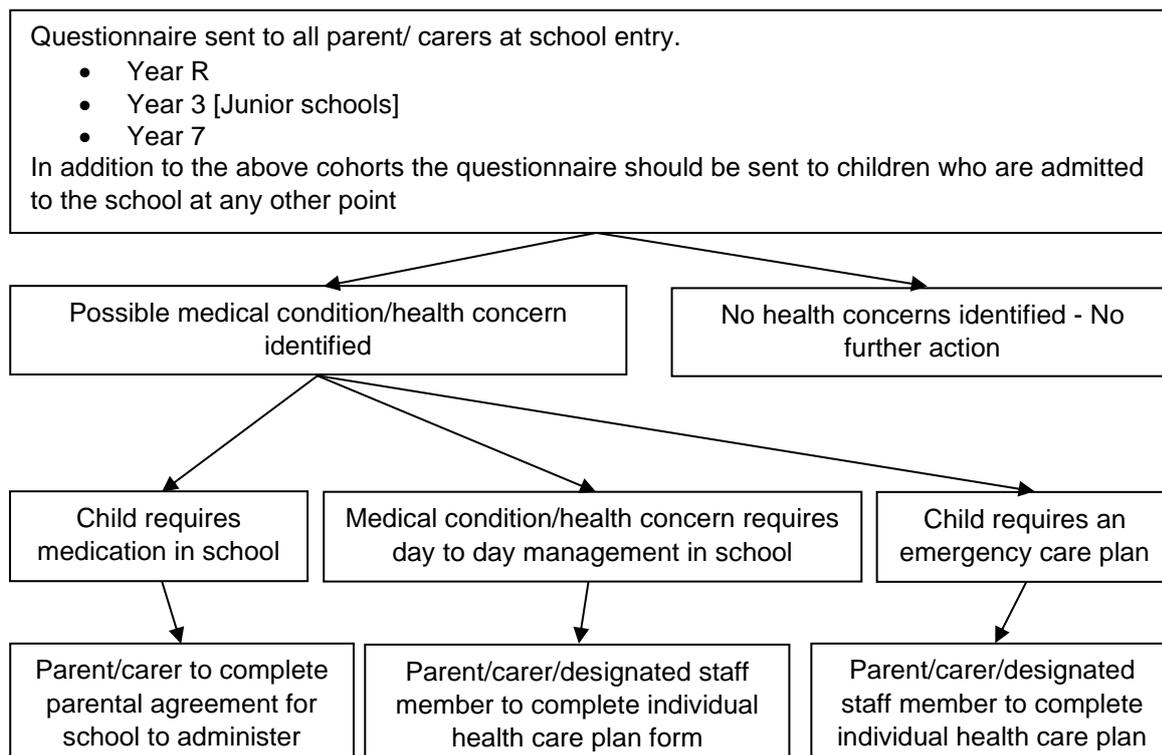
Signature of Executive Headteacher:	
Date:	

- Appendix A** **Model process for developing individual healthcare plans**
- Appendix B** **Children Medical Assessment Form**
- Appendix C** **Administration of Medicines and treatment Consent Form**
- Appendix D** **School Asthma Card**
- Appendix E** **Allergy Action Plan**
- Appendix F** **Contacting Emergency Services**
- Appendix G** **Medication Tracking Form**
- Appendix H** **Standard Risk Assessment**
- Appendix I** **Inclusion Support Service (ISS) Policy for access to education for school age children and young people with medical needs**

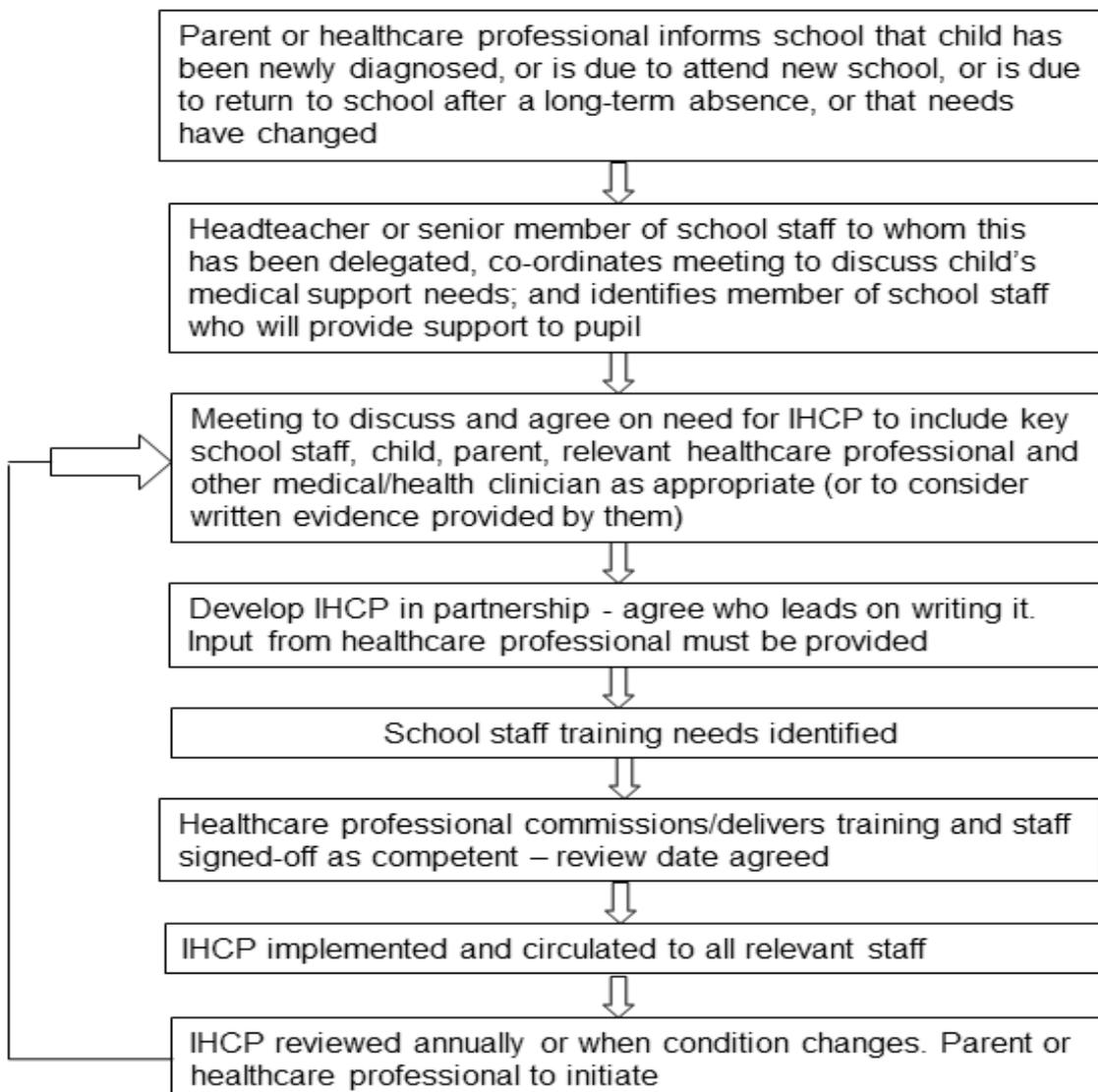
Appendix A: Model process for developing individual healthcare plans

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

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



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



Appendix B: Children Medical Assessment Form

Please complete the questionnaire below and return it to school

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child’s health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child’s health with the School Nursing service or another health professional who is involved in your child’s care.

Name of child Date of Birth

Home Address.....

Does your child have a medical condition/ health concern?

YES NO

If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day?

YES NO

If YES please give details

Does your child take medication during the school day?

YES NO

If YES please give details

Does your child have a health care plan that should be followed in a medical emergency?

YES NO

If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child’s care.

Signature(s) _____ Print Name _____
[Parent/ Carer with parental responsibility]

Date _____ Contact number _____

Appendix C: Administration of Medicines and treatment Consent Form



Medicines Administration Record (Schools) _____ of _____

First name	Surname	D.O.B	Class

Medicine name	Strength	Form (e.g. syrup/tablets)	Amount needed	At which time(s)

Date	Quantity received	Quantity returned	Expiry date	Signature*

Day	Month:		Year:
	Time	Amount	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Month:		Year:
Time	Amount	Signature

16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

* Medicines received/returned. Staff signature with optional co-signature from parents/carers/the pupil.

If the pupil refuses their medication then please inform their parents/carers on the same day (or as soon as is practical) and record 'refused' in the amount column.

Parental agreement for setting to administer the medicine overleaf

Dear parent/carer,

We require your written permission to administer any medicines in school.

Please do not decant medicines into other containers. We can only accept medicines in their original container as dispensed by the pharmacy, otherwise we might miss important instructions and warnings.

If your child refuses to take the medicine, we will make every effort to inform you on the same day.

Please hand the medicine over to a member of staff personally.

For any medicines required on a long-term basis, ask the pharmacy if they can supply a separate labelled supply just for the school (they might need another prescription to do this). We can then keep a separate supply at school without the need for you to send medicines in each day.

What type of help does your child need with this medicine (mark as appropriate): <input type="checkbox"/> I need someone to administer this medicine to my child <input type="checkbox"/> They can take the medicine themselves, but need the following supervision from staff:	
Are there any side effects that the school/setting needs to look out for?	
Parent/carers name	
Signature	
Relationship to pupil	
Daytime (mobile) telephone no.	

Appendix D: School Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Does your child tell you when he/she needs medicine?
 Yes No

Does your child need help taking his/her asthma medicines?
 Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?
 Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?
 Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Reliever treatment when needed
For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(9am – 5pm; Mon – Fri)
www.asthma.org.uk

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Appendix E: Allergy Action Plan



Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1) _____

2) _____

Child's Weight: _____ Kg

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

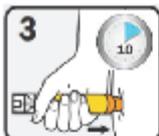
How to give EpiPen®



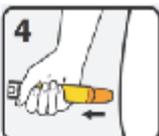
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with:



©The British Society for Allergy & Clinical Immunology www.bsacil.org Approved Oct 2013

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____



Date: _____



Appendix F: 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

Appendix H: Standard Risk Assessment

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

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

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

Original risk assessments must be kept for a period of 7 years. On completion a hard copy should be printed off and placed in your local/site health and safety folder.

This document should be filed under Hantsfile under Health and Safety Risk Assessment

Administration of Medicines Risk Assessment Guidance

The Supporting Pupils with Medical Needs document produced by the DfE and published in September 2014 for implementing into schools, includes the provision of administration of medicines to pupils.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature of Responsible Manager.....

Date.....

Appendix I: Inclusion Support Service (ISS) Policy for access to education for school age children and young people with medical needs

Hampshire County Council (HCC)

Inclusion Support Service (ISS)

Policy for access to education for school age children and young people with medical needs

‘Every child should have the best possible start in life through a high-quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum’ DFE 2014

November 2019 (current version 7.2.22)

The education of children and young people who are unable to attend school due to medical needs

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1 Introduction

- 1.1 This policy sets out how Hampshire County Council (HCC) will comply with its statutory duty to arrange suitable full-time (or part time when appropriate for the child's needs) education for children of compulsory school age (5 – 16) who, because of illness, would otherwise not receive suitable education.
- 1.2 This statutory duty applies to all children and young people of compulsory school age, permanently living in Hampshire, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on roll of a school.
- 1.3 This policy does not apply to children who are electively home educated. Where a young person is on roll of a post-16 institution, either a school or college it is their responsibility to ensure support for education.

2 Premise

- 2.1 HCC believe school is the best environment in which to educate a child/young person (CYP); schools provide a broad and balanced curriculum alongside opportunities for social and emotional development.
- 2.2 HCC's intention is that all children, regardless of circumstances or education setting, should receive a good education to enable them to shape their own futures. Therefore, alternative provision for children medically unfit to attend school and the framework surrounding it should offer good quality education. This support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.
- 2.3 The provision for children who are medically unfit to attend school will ensure that:
 - Pupils make good progress in their education
 - Disruption to learning is minimised and there is a continuity of education provision within the school curriculum
 - Pupils are able to obtain qualifications as appropriate to their age and abilities
 - Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits
 - Pupils feel fully part of their school community and are able to stay in contact with classmates
- 2.4 HCC is committed to providing a recovery-focused model that embraces inclusive principles with a clear focus on an appropriate and timely return to school-based learning.
- 2.5 Where an Education Centre is accessed to meet need, the child's home school and the Education Centre should collaborate with parents/carers, ISS and all relevant health services to ensure the delivery of effective education for children with additional health needs.

3 Responsibility, Legislation and Guidance

- 3.1 The moral and legal mandate for schools is to ensure that they are supporting children with medical needs to the best of their ability and that each school has policies and processes in place to ensure this happens. There was a major shift in the legal responsibilities of schools when Section 100 of the Children and Families

Act 2014 placed a legal duty on schools, academies and PRUs to make arrangements for supporting pupils with medical conditions at their school.

- 3.2 Sometimes children or young people become too unwell and are unable to attend school for a significant period of time. At these times the LA can in partnership with the school make suitable arrangements for that CYP's continuing education that takes into account their age, aptitude, ability and SEN needs and their health condition.
- 3.3 There is an expectation that schools will make reasonable adjustments to meet the need of the child if they are able to attend school with adjustments. There is an expectation that schools will be creative and flexible in meeting needs. It is, however, left to the school's discretion as to how they meet the needs. Schools will need to demonstrate how they are meeting educational need. This includes meeting the needs of pupils who can attend school part-time and intermittently, particularly when there are known medical needs, and these can be planned for. The link below to the Reduced Hours Timetable notification should be used in all cases.
- https://forms.hants.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-d54c8557-83ac-45f9-8434-ce762a737759/AF-Stage-fb9effc0-1d95-40dea4e4-d364315df21b/definition.json&redirectlink=/en&cancelRedirectLink=/en
- 3.4 There is an expectation that most CYP will make a full or partial recovery from their illness. At this point it is important that the CYP's needs for education continue to be appropriately met; most CYP will transition back to full time mainstream education.
- 3.5 Schools retain the responsibility to provide a suitable education for all its pupils and must be able to make reasonable adjustments according to identified needs. Occasionally a joint package of support may be arranged for the CYP person between the school and HCC through the Inclusion Support Service (ISS). The pupil will remain on the school roll (see 'Intervention' below).
- 3.6 Education Support for Medical Absence is part of the Inclusion Support Service (ISS) and aims to provide support for Hampshire residents of statutory school age who are temporarily unable to attend their school or programme of support due to the impact of their medical condition.
- 3.7 Education Support for Medical Absence is underpinned by the following Government documents:
- Children and Families Act, 2014, section 100
 - Education Act 1996 (Section 19)
 - Equality Act 2010
 - Statutory Guidance for Local Authorities, January 2013
 - Out of School Out of Mind, 2011
 - Ofsted Subsidiary Guidance, 2012
 - Alternative Provision Statutory Guidance, January 2013
 - SEND Code of Practice, January 2015
 - Supporting pupils at school with medical conditions, December 2015

This policy has been developed with regard to the above guidance.

4 Identification

- 4.1 Most unwell CYP continue to have their need for education appropriately met by their own school. This support can be sensitively arranged between the school, the parents or primary carers, a primary health care provider (most often the GP) and the CYP themselves.
- 4.2 Before considering a referral to the local authority for advice and guidance a school must satisfy itself that a CYP's absence is due to ill-health and that there are no other factors influencing non-attendance.
- 4.3 Schools should consider liaison with other agencies that may be in contact with the CYP and/or their family. This could, for example, be children's social care, CAMHS, school nursing service or the GP.
- 4.4 When ill health persists beyond 15 consecutive or non-consecutive school days the school should make a referral to ISS for advice, guidance and educational provision.

5 Role of Hampshire County Council

- 5.1 Local authorities are responsible for ensuring that there is a named senior officer with responsibility for education provision for children with health needs and parents should know who that person is. The named officer for HCC is David Harvey, Inclusion Support Service Manager, Dave.harvey@hants.gov.uk
- 5.2 HCC's SEN Casework team will work with schools to review any changing needs of a child with an Education Health and Care Plan (EHCP), who is unable to attend school because of their medical needs. The EHCP will link the long-term educational needs associated with the child's medical condition to the most appropriate teaching and learning provision.
- 5.3 ISS provide advice on pupils receiving alternative education provision. This team works closely with colleagues within the local authority, schools and partner agencies to reduce the length of time that children are on reduced timetables, which may be due to their medical needs. This is monitored, and schools are held to account through internal systems.

6 Funding and other school responsibilities

- 6.1 Schools retain the Age Weighted Pupil Unit (AWPU) funding for pupils during the period of Inclusion Support Service provision and will be charged according to the agreed formula based on the daily AWPU rate for educational provision.
- 6.2 The home school will also be responsible for:
 - Driving the agreed action plan for the pupil and informing all relevant parties of any changes
 - Providing or loaning specialist resource materials, where possible (such materials to be itemised and returned to the school at the end of the period of ISS provision)
 - Making examination arrangements (e.g. GCSE, SATs, etc.)
 - Examination entry fees
 - Any offsite activity (if appropriate)
 - Schools should be consistently seeking an early return to school-based learning in line with the premise set out earlier in this document.

7 Identification of children who need provision

- 7.1 All referrals, both primary and secondary, to Hampshire County Council will be received via a single point of access (SPA) by the Inclusion support Service (ISS). This ensures (a) that all referrals are treated in an equitable manner (b) that effective monitoring can take place.
- 7.2 All medical referrals will be made on the HCC medical referral form (see Appendix 1).
- 7.3 The triage system will take account of:
- Medical evidence, which should be verified in writing by a consultant community paediatrician or specialist consultant psychiatrist from Child and Mental Health Adolescent Services (CAMHS); where this is not possible alternative enquiries should be made to G.P.'s and/or others. This should indicate:
 - that at the time of writing the CYP is not well enough to attend school
 - The impact the illness is having on education
 - The current plans and provision in place to support the CYP's education
 - The age and stage of the pupil e.g. KS1 – KS4
 - How the school has made every reasonable adjustment to include the CYP in education and whether there are any reasonable adjustments the school could make to enable the CYP to attend school
 - Any other available evidence
 - Schools should authorise absences due to illness unless they have genuine concern about the veracity of an illness. Where this is the case the Headteacher should contact the single point of Access (SPA) for bespoke advice.
 - Where parents are unable to provide evidence, further enquiries should be made to the General Practitioner (GP) or other health professionals or agencies especially around mental health issues.
- 7.4 Whilst unable to attend their home school it is important that CYP continue to engage in education. The provision offered will take account of age, aptitude and ability alongside other individual characteristics such as social and emotional needs, special educational needs and any disability. It is recognised and accepted that the capacity of the individual CYP to engage in learning may change over time. It is important, therefore, to ensure that the provision is regularly reviewed and that it continues to be both flexible and sensitive to individual need. All provision will maintain a focus on returning the CYP to school-based learning as soon as is reasonably possible.
- 7.5 Following triage, (a) KS3/4 the Education Centre Headteacher will respond to the school with advice and guidance which could include signposting to appropriate services or agencies, strategies for reintegration alongside additional support or intervention from an HCC nominated provider. (b) for early Years/KS1/2 the ISS triage officer will undertake this role.
- 7.6 The child's progress will be reviewed regularly, in consultation with the parent/carer, the home school and other relevant services. Reviews may be made more frequently according to need. It should be recognised that a child's

educational needs and ability to access education may change depending on their health and that the programme may need to be flexible to accommodate this.

7.7 See Appendix 2 for a flow diagram overview.

8 Intervention: Persistent or long-term illness affecting ability to engage in education

8.1 For KS3/4 the Headteacher of the Education Centre/ISS for Early Years KS1/2 in partnership with the CYP's home school will:

- Undertake a thorough evaluation of all the circumstances affecting the child's ability to engage in learning
- Work closely with the family and all agencies/professionals working with the child and their family
- Initiate a multi-agency Education Planning Meeting (EPM)
- Develop an ongoing education support for medical absence programme including an Individual Health Care Plan (IHCP), see Appendix 3
- Monitor and review the effectiveness of the programme
- Ensure a timely return to school-based education

9 Recovery, Reintegration and Partnership Working

9.1 Many children recover and make a positive transition back into school. Depending on the age and stage of the child this may, however, not be the most appropriate course of action e.g. pupils in Y11 who are approaching the end of KS4. In this circumstance it is expected that they would be supported in their onward transition to education, employment or training by the community-based intervention services.

9.2 Parents and carers have a key role to play in their child's education and are to be involved in planning and on-going review. In the case of a looked after child, HCC and primary carers will fulfil this role. Children should also be involved in decisions to ensure they are engaged as much as possible in this process.

9.3 Relevant services including Special Educational Needs (SEN), Child and Adolescent Mental Health Services (CAMHS), Inclusion Support Service/Attendance/Hampshire Inspection and Advisory Service (HIAS), educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

9.4 Schools and Education Centres will make arrangements to reintegrate CYP at the earliest opportunity and as soon as they are well enough. Each child should have an individually tailored reintegration plan. Under Equalities legislation, schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child as part of their reintegration.

9.5 Plans for longer term outcomes and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013);

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

9.6 In all cases the CYP must have an Individual Health Care Plan (see Appendix 3) that can be reviewed and amended as appropriate.

- 9.7 Both the home school and Education Centre will support CYP to sit public examinations. Awarding bodies will make special arrangements for children with permanent or long-standing disabilities when they are taking public examinations.

10 Complaints and Review

- 10.1 Complaints about provision for children who are medically unfit to attend school should be made to the child's home school in the first instance. Complaints can be made using the corporate complaints procedures. The council will only intervene if it has reason to believe that the education provision is unsuitable or insufficient.

<https://www.hants.gov.uk/educationandlearning/complaints>

- 10.2 This policy will be reviewed every two years or in line with any changes made to statutory guidelines.

Appendix 1 : Referral form

Appendix 2 : Flow diagram

Appendix 3 : Individual Health Care Plan

Appendix 1

Medical Referral form

Pupil Information

Name		Year group	
Date of Birth		Gender	
Ethnicity		First Language	
Current attendance%		CoP level	
Looked After child?		Child in Need?	
CP Register?		UPN:	

Family Information

Pupil address			
Parent/carer name		Relationship	
Address			
Telephone		Mob:	
Email		Parental responsibility?	
Parent/carer name		Relationship	
Address			
Telephone		Mob:	
email		Parental responsibility?	

Outside agencies involved

e.g. Health, Social Care, Education Psychology, CAMHs, YOT etc.

Agency	Contact Name/Role	Telephone	Current/previous involvement

Pupil Learning Profile

Chronological age of pupil:			
Foundation Stage Profile:	PSED:	CLL:	FSP:
Reading age:	Age when tested:	Test name:	
Spelling age:	Age when tested:	Test name:	
DEST/COPS test? Other?	Date of test:	Outcome:	

Key Stage 2

	Reading	Mathematics	Science
Test level achieved			
Teacher assessment			

Key Stage 3 – must be completed if in KS4

	Reading	Mathematics	Science
Test level achieved			
Teacher assessment			

Cognitive Abilities Test

Verbal	Quantitative	Non-verbal	Average

Key Stage 4 – Targets for GCSE Performance

Subject	Exam Board	Current Grade	Target Grade	Subject	Exam Board	Current Grade	Target Grade
English				Design Technology (please specify)			
Maths				Option 1			
Science				Option 2			
Humanities (please specify)				Option 3			
14-16 College Course				Extended Work Experience			

Access Arrangements

Reader YES / NO

Scribe YES / NO

Overlays YES / NO

Laptop YES / NO

25% extra time YES / NO

Examinations officer:**Tel:****Email:**

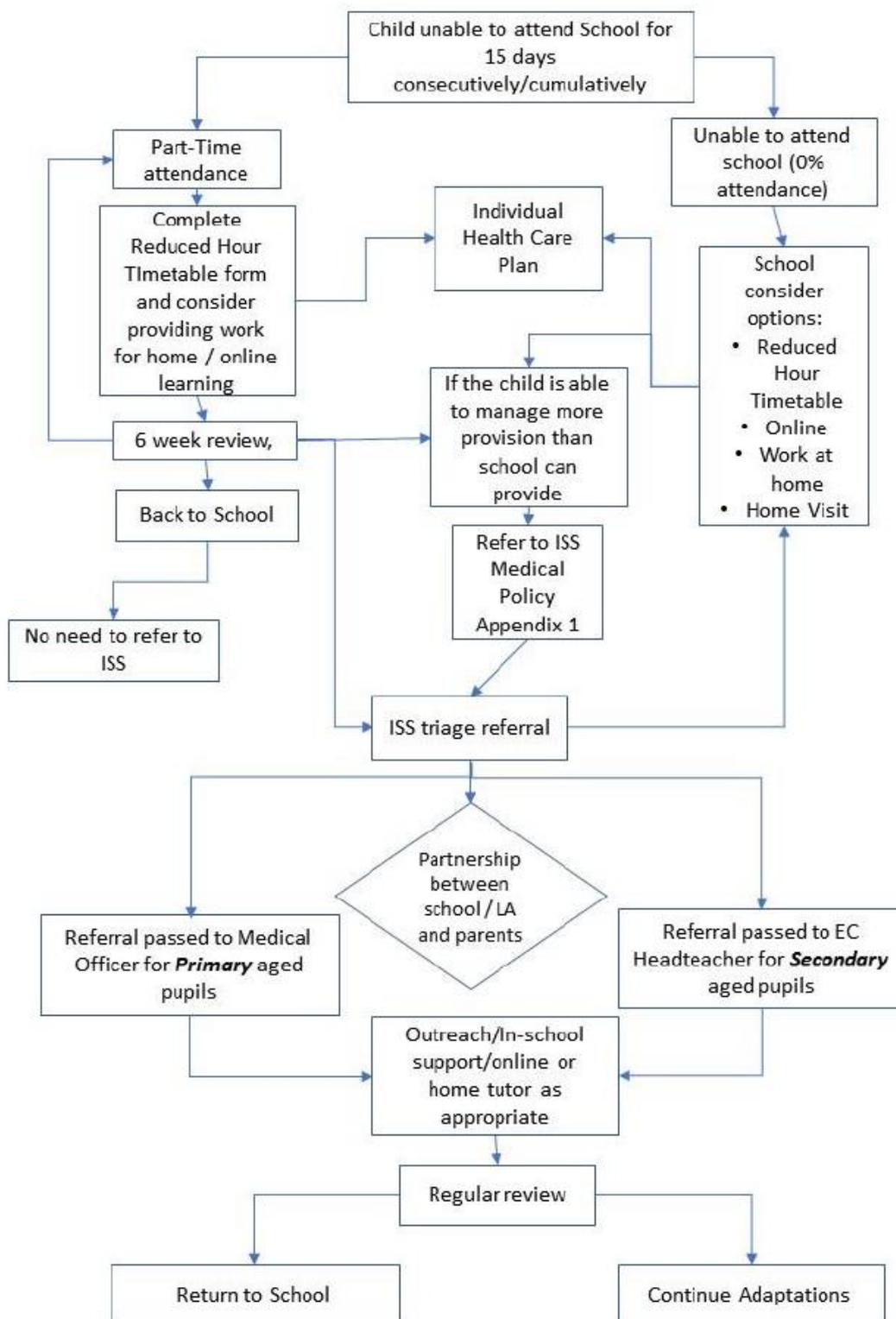
Please attach any medical evidence such as CAMHS, GP or other.

Form completed by:	
Position in School:	
Date:	
Date received by HCC	
ISS comments:	

We will treat all information provided in confidence and in accordance with the Data Protection Act 1998. We will use the information for the purpose of identifying appropriate support and may share information within HCC Children's Services and Health Services for the same purpose.

Please return to Attendance Officer, Inclusion Support Service, E2, The Castle, Winchester – attendance.queries@hants.gov.uk.

Appendix 2 Flow Diagram



Appendix 2

Individual Health Care plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

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

--

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

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to