



Homewood School & Sixth Form Centre

LEARNING · RESPECT · BELONGING

MEDICAL POLICY

Supporting Students with Medical Needs including Mental Health Needs

Date approved by Governors
March 2015

MEDICAL POLICY

Supporting Students with Medical Needs including Mental Health Needs

This policy will be reviewed every 3 years

DATE OF POLICY: MARCH 2015

DATE OF REVIEW: MARCH 2018

Member of staff responsible for Policy:

Principal & Vice Principal Students

Signed.....Principal

Signed.....Chair of Governors

Introduction

This Policy is written with reference to:

- DfE (June 2014) Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England
- DfE (September 2014) Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England
- DfE (June 2014) Mental health and behaviour in schools- Departmental advice for school staff
- KCC Policy on supporting children and young people with medical conditions including mental health needs.
- Children and Families Act (2014)

(The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.)

The aim of the Policy is to enable regular attendance at school and to provide care for students with medical issues and conditions.

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1. Introduction

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because students with long-term and complex medical conditions may require ongoing support, medicines or care while at school. Others may require monitoring and interventions in emergency circumstances. In addition to this there are emotional implications associated with medical conditions where children may become self-conscious or anxious.

Children with medical needs have the same rights of admission to Homewood as others. Most will, at some time, have short-term medical needs, for example entailing finishing a course of medicine such as antibiotics. Some, however, have longer-term medical needs and may require medicines for a longer period to keep them well, for example, children with well-controlled epilepsy or cystic fibrosis. It is important to recognise that if admitting a student will put others at risk (for example in the case of infectious diseases) alternative provision will need to be sought.

Long term absences due to health problems affect children's attainment, impact on their ability to integrate with their peers and affect their general well-being. Short term and frequent absences, including those for medical appointments should be arranged, where possible, to ensure there is minimum impact on a child's education.

2. Supporting Children with Medical Needs-Providing Information

Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician. Specialist bodies, such as the School Nursing Service, may also be able to provide additional background information. When admitted to the school, parents are asked to complete a form that indicates their child's medical needs (Appendix 1). Parents have a responsibility to inform the School Nurse about any changes in their child's medical condition; this should be confirmed in writing and relevant information will then be passed to the College, tutor and teachers of the child.

3. Roles and Responsibilities of Staff Managing the Administration of Medicines

The school employs a fully qualified registered nurse who can administer medicines and take action in an emergency. Numerous members of staff have attended the 3 day 'First Aid at work' course. A list of these is held by the Senior Administration Officer.

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency.

Advice and guidance will be provided by the Schools' Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will be aware what action to take.

The School Nurse, Vice Principal (Students) and Principal are responsible for ensuring that:

- staff receive advice and support and awareness raising training
- all relevant information about a student's needs are shared
- emergency plans are in place when conditions may be life- threatening
- staff are aware of their common law duty of care to act as a prudent parent
- school staff are appropriately insured and are aware that they are insured to support students in this way

Teaching staff and other staff should:

- be aware and record details of emergency plans for children they teach who have life-threatening conditions (see also student planner)
- receive appropriate and documented training and support from health professionals, where they are willing to administer medicines

4. Procedures for Dealing with First Aid or Illness

All students requiring first aid or medical assistance will be referred to the School Nurse or to a qualified First Aider if the nurse is engaged or unavailable.

If the student is able and happy to move themselves without assistance they should be encouraged to do so and make their way to Sick Bay (with a certified lesson/medical pass). If this is not possible then another student or adult should be sent to the nurse or the nurse telephoned to tell her that someone is injured and that they need help. On no account should anyone lift the injured person to a standing position or carry them.

Once the Nurse or qualified First Aider has seen the injured person they will assess them to decide if an ambulance is required. If no ambulance is needed then they will be encouraged to walk with help to Sick Bay. Alternatively a wheelchair may be utilised to transport a student.

If an ambulance is required then the caretakers will be informed as to where the injured person is located, so that they can direct the ambulance to the correct area of school. Reception should be alerted. Parents/carers should also be informed so that they can either come to school to accompany their child in the ambulance or meet their child at the hospital (Appendix 2d). A member of staff will need to escort the injured person in the ambulance should a parent not be present, in which case transportation should be arranged to bring the member of staff back to school.

If an ambulance is not required and once the injured person is in Sick Bay they will be reassessed by the nurse as to what immediate action is needed. After they have been treated and if they are well enough to carry on in school, they will be sent back to lessons. They will be issued with a Medical Slip (Years 7-11) or parents will be contacted directly where treatment has been given.

During lesson time an unwell or injured student will need a note or medical/lesson pass from the teacher saying they can leave their lesson to go to Sick Bay. If a student arrives during break or lunchtime he/she will not need a note. The unwell/injured person will be assessed by the nurse and treatment given according to symptoms.

If students are unwell or injured and cannot stay in school eg vomiting, diarrhoea, high temperature etc. then parents will be asked to take them home or be advised to take them for further medical treatment.

Treatment given will be recorded on the Sick Bay daily log (Appendix 4).

Basic information around the above procedures should be made available to supply and cover staff.

5. Students with Mobility Issues

Students using crutches at school require assessment for safety of use. This is for the safety of themselves and others.

A parent of a student who is on crutches should contact the School Nurse, with the details before they return to school.

If a student is **non-weight bearing** they will be deemed unsafe to move around the school site and the nurse will refer them to the Student Support Centre (SSC) where they will work under the supervision of a member of staff until their situation improves. The SSC will need 24 hours notice to be able to accept the student. The nurse will inform their College who will arrange work to be collected from teachers. Students may attend for full or part days as agreed by the school and parents. A referral form will be completed and signed by all relevant parties (Appendix 5).

A packed lunch and drinks must be provided for any student being referred to the SSC.

Anyone who is **weight-bearing** on crutches will be assessed by the nurse on their first day back to school. This is to assess their safety using the crutches (this will include their ability to use stairs).

If they are deemed to be safe, staff will be informed; the student will be issued with a crutches mobility pass and may continue with their normal timetable. They will be issued with a pass to leave lessons five minutes early to avoid the crowds. In the event of a fire alarm the student is to report to the mansion gates.

If they are deemed to be unsafe on crutches they will be referred to the SSC (as above).

The majority of areas in the school are accessible by wheelchair users. Our Sick Bay also has access to a wheelchair should one be required. Where there are issues regarding accessibility, the Student Support Centre is able to offer support

6. Managing Medicines in the School Day

Prescription medicines should only be taken during the school day when essential. Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed release medication for a minimum number of daily doses. Where these arrangements are not possible all medication being brought into school **must be in the original labelled container** (except insulin which can be provided within a pen) and must include **prescriber's instructions and drug dosage and storage. The medication must be in date.** Although the School Nurse will check the medicines, this is the responsibility of a child's parent.

The National Service Framework encourages prescribers to explore medicines which:

need only be administered once a day, or

provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines primarily fall into two types:

Prescription (including controlled drugs) and Non-prescription.

Prescription and Controlled

The School Nurse may administer such a drug for whom it has been prescribed, according to the instructions and in agreement with parents. Written parental consent must be provided to the school in this situation (see appendices 2 and 3). If agreed with the parents, the school may look after the drug on behalf of the child. The School Nurse will check the following on the medicine before administering:

The child's name
Prescribed dose
Expiry date
Written instructions provided by the prescriber on the label or container
Storage information

A record will be kept of controlled drugs administered to students, including the dosage and also the amount of the controlled drug held in school.

The school will keep the controlled drug safely locked up and records will be kept for audit and safety reasons.

A child who has been prescribed a drug (including controlled drugs) may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens need not be locked away.

All prescription and controlled drugs should be returned to the parents when no longer required. Children may legally carry their own prescription drugs and must take them on school trips and visits as appropriate. Asthmatic students will be expected to carry their own inhalers but a second spare and labelled inhaler can be held in Sick Bay.

Non-prescription

These can only be given to children by the School Nurse or in some cases by a covering first aider and only when parents have given written permission. Permission may be sought using Appendices 3a and 3b in occasional circumstances. The school will never administer aspirin or ibuprofen unless prescribed by a Doctor.

The administering of all medicines and drugs should be recorded on the Sick Bay daily log (Appendix 4) and parents informed by a Medical Slip handed to the student.

Where the School Nurse is absent a first aider will cover the nurse's station (Sick Bay) and will have access to all medical records. The covering member of staff will be fully briefed on all students with long term, complex medical needs. The covering member of staff will not administer any medicines other than paracetamol but only if they are willing to do so. They may call parents for permission to give other non-prescription medication.

7. Supporting children with complex or long term health needs

Individual Health Care Plans (IHCPs) should be written for every student in the school with a medical condition that may lead to an emergency situation and for students with complex, long term health needs (see Appendix 2 on how to write a Care Plan and Care Plan format).

All students with a care plan will have details of actions to be taken in an emergency situation in their student planner. Information will also be available electronically to staff via the SIMs system on individual student records.

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Children in Care) so that information is shared and the care plan reflects all information.

The care plan will be drawn up jointly by the school and parents and agreed, as appropriate, with the advice of health professionals.

The school will seek parents' agreement about sharing information on their children's needs if appropriate.

Parents/carers know their child best and should in all cases provide the school with information about their child's condition and be part of the health care plan arrangements. They should also sign the appropriate agreement forms for the administration of medicines (appendices 2 and 3).

Where a student up to age 19) is deemed to be medically unfit to attend school lessons or the SSC (long term chronic or health needs -physical or mental health condition) a referral should be made to access provision from the Health Needs Education Service (HNES) with parental agreement, to access tuition. This alternative education may take the form of home tuition, attendance at a base or satellite centre, individual tuition in school or a combination of these. This referral should be considered when either a child's attendance has ceased or reduced to 50% as a result of a medical condition and where the attendance has been affected or will be affected for at least 15 days. Where a child is deemed medically unfit to attend school, work must be provided for the child to do at home (as appropriate to condition) as soon as is possible. The school does not need to wait for a formal diagnosis to provide work. Where a student's medical condition is unclear, or where there is a difference of opinion, judgements will need to be made by the school based on available evidence.

All absence for medical reasons beyond 10 days or where a student has low attendance should be medically evidenced (eg via doctor's letter, consultant letter, ChYPS letter (Tier 3), evidence of hospital treatment). Where medical professionals deem a child to be medically unfit for school this should be stated clearly in a letter written by them to school. The letter should also include any diagnosis, treatment and period of time for which the child may be affected. This evidence must accompany any referral made for HNES support.

Student referrals for mental health reasons may be accompanied by an Individual Health Care Plan which could include outcomes of professionals meetings, a ChYPS diagnosis, a primary mental health specialist recommendation following assessment or an intervention from an educational psychologist. Any plan should also identify the support that a learner will need to reintegrate back into school.

Suggested strategies for supporting students with medical or mental health needs can be found in Appendix 6. Where staff are concerned about the mental health of students they should raise their concerns with the student's Family Liaison Officer who will share information with the Designated Child Protection Officer, as appropriate. Strategies to support the students will be put in place and in some instances an Individual Health Care Plan or Safeguarding Agreement put in place.

8. Trips and Visits

Children with medical needs will be encouraged to take part in visits. All parents should inform trip organisers of any necessary medication or health concerns and trip leaders should take advice from the School Nurse as appropriate. For overnight stays a list of participants and medical forms should be given to the Nurse once they have been accepted onto the trip in order to access the relevant advice. All staff will be briefed about any emergency procedures needed and copies of care plans will be taken by the responsible person.

The need for First Aid Kit provision and details of any reasonable adjustments for individual students will be considered via the Risk Assessment (School Nurse and trips and visits leader). Consultation around individual students with medical needs should take place with parents and relevant healthcare professionals.

9. Home to School Transport

If a student has an Individual Health Care Plan, parents will be advised to share the information with transport providers.

10. PE and Practical Subjects

Any restriction to PE or other practical activities should be noted in the Care Plan and/or on the individual student record on SIMs. Flexibility will be planned to allow students to benefit in ways appropriate to them (differentiation of the curriculum). PE Staff should be provided with any relevant information by parents and the School Nurse.

11. CPR and Defibrillators

All staff qualified first aiders will be trained in the use of CPR. Identified staff will be trained in the use of the defibrillator.

12. Staff Training

The school will arrange and facilitate staff training for children with complex health needs, calling on where necessary:

- the School Nursing Service
- Community Children's Nurses
- the Health Needs Education Service
- the Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning).

The School Nurse will advise the Vice Principal (Students) about any training requirements for staff to support students with medical needs.

13. Record Keeping

All medical visits to Sick Bay will be recorded in the Sick Bay Daily Log. This log will include the medical issue, treatment and outcome (Appendix 4). Any accidents involving students and staff are recorded on an 'Accident Form' held by the Site Manager or the Nurse. A database of all students with complex medical conditions is kept on 'teachershare' as well as notes being held in SIMs.

14. Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits it is not acceptable to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- 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
- 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
- prevent children from participating, or create unnecessary barriers to children participating in school activities

15. Mental Health

Children who are mentally healthy have the ability to develop psychologically, emotionally, intellectually and spiritually. They are able to develop and sustain satisfying relationships, use and enjoy solitude, empathise with others, play and learn, develop a sense of right and wrong and resolve problems.

Some children experience a range of emotional and behavioural problems that are outside of the normal range for their age or gender and these young people could be described as experiencing mental health problems.

These problems are classified as:

- Emotional disorders eg. phobias, anxiety states, and depression
- Conduct disorders eg. stealing, defiance, aggression and anti- social behaviour
- Hyperkinetic disorders eg disturbance of activity and attention
- Developmental disorders eg. delay in acquiring skills such as speech and social ability
- Attachment disorders eg. Includes children who are markedly distressed or socially impaired

The role that a school must play in promoting resilience and understanding protective factors is key, especially for children where home life is less supportive. Only medical professionals can make a formal diagnosis of a mental health condition. However schools are well placed to identify behaviour which may suggest a mental health problem. They should be mindful of vulnerable risk groups. These groups typically include children in care, children with learning difficulties and children from disadvantaged backgrounds.

Form tutors, class teachers and College staff are well placed to spot changes in behaviour which may indicate a need. Changes are most likely to occur where difficult events happen in a student's life. These may include: loss or separation, life changes or traumatic events such as abuse, bullying, violence or accidents. Where changes are identified the College FLO (or in some cases the DCPC) should be informed and advice sought.

Persistent mental health difficulties may lead to a student having significantly greater difficulty in learning than the majority of students of the same age. In such cases it may be necessary for the school to recognise whether the child would benefit from being identified as having a special educational need.

A wide range of mental health problems might require special provision to be made. These could manifest as difficulties such as problems of mood (anxiety or depression), conduct problems (oppositional problems and aggression), self-harming, substance abuse or eating disorders. Other young people may have other recognised disorders such as attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), attachment disorder, autism, pervasive development disorder, an anxiety disorder, a disruptive disorder or rarely, schizophrenia or bipolar disorder.

The student's FLO may be best placed to determine the course of action or interventions required for the child. They should consult the DCPC or Learning Support Department as appropriate.

At Homewood interventions may include:

- one to one sessions with the child's FLO
- parental meeting to discuss support (College)
- pastoral support programme (College)
- safeguarding agreement (DCPC)
- referral to the Student Support Centre or My Zone (FLO)
- referral to in- house programmes: Take Up the Challenge or Take up the Healthy Challenge
- a referral for in house counselling via the DCPC
- an assessment via the Learning Support Department eg. strength and difficulties questionnaire
- a referral to in- house or external courses eg. bereavement or healthy relationships workshops
- a referral to an Educational Psychologist, usually through LIFT and the Learning Support Department
- a referral to ChYPS following consultation with DCPC or Director of Learning Support as appropriate (copy of all referrals to DCPC and Learning Support Department)
- early help referral following consultation with the Early Help Coordinator
- outside agency referral as appropriate eg School Nurses
- contact with a student's GP
- a Social Services referral

Where medication is prescribed by a medical practitioner for a mental health issue the school and particularly the nurse should be made aware. Close working relationships with outside practitioners are crucial to supporting students with a mental health condition.

Whilst it is good practice to involve parents and families wherever possible when interventions are put in place, students aged 16 or above can consent to any intervention and their parents cannot overrule.

Homewood has a well-developed programme of PSHE. Content is delivered through Focus Days and through tutor group activities. A range of mental health issues are addressed in this way.

16. Complaints

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

17. Related Policies

Ethos for Learning Policy

Attendance

Child protection- Safeguarding

Relationship and Sex Education

SEN

Appendices

1. Medical Record Form
- 2a. Health Care Plan
- 2b. Writing an Individual Health Care Plan
- 2c. Letter Invitation to Care Planning Meeting
- 2d. Contacting Emergency Service
- 3a. Parental agreement for the administration of medicines
- 3b. Parental consent form including advice around parents without PR
- 3c. Parental consent form regarding Piriton
4. Sick Bay Log
5. Referral form for Student Support Centre (including reintegration proforma)
6. Strategies for Supporting Students with health needs
7. Staff Training Record – administration of medicines.

Any forms may be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

Appendix 1
Personal Details

MEDICAL RECORD

Childs Full Name:

Parent/ Carer
Name/s:

Parent/ Carer
Phone No:
Eail:

GP Details

Doctors Name:

Doctors Address:

Doctors Tel No:

Medical Details

Medical
Conditions:

Current
Medication:

Any Allergies:
Reaction:
Treatment:

Any Other
Relevant
Information:

Signature _____ Date _____

Name:

Tutor Group:

Date of Birth:

Address:

Medical Diagnosis or Condition:

Family Contact 1

Family Contact 2

Name

Name

Tel.No. Home:

Tel.No. Home:

Work:

Work:

Mobile:

Mobile:

GP

Clinic/Hospital contact

Name

Name

Tel.No:

Tel.No.

Who is responsible for providing support in school?

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

Medical History if applicable

Daily care requirements

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

Name of medication, dosage and method of administration

Time of administration/when to be taken

Administered by/self-administered with/without supervision

Side effects/contra indications

Drug allergies

Arrangements for school trips and visits

Other information (Red or Orange Medical Card issued)

Describe what constitutes an emergency and the action to be taken if this occurs

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

Staff training needed/undertaken – who, what, when

Plan developed with?

Review date and type

I agree that the medical information contained in this form is to the best of our knowledge correct and may be shared with individuals involved in the care and education of:

Signed:

Date:

Parent or Guardian (or student if above the age of legal capacity)

Signed by Nurse:

Date:

Form to be copied to: Parent/College/Tutor/Other(s) _____ (please state)

Writing an Individual Healthcare Plan

Individual Medical Care Plans should be written for every student in the school with a medical condition that may lead to an emergency situation or for a student who has a long term, complex health need.

Reasons for needing Care Plans

Care plans are necessary for all students with chronic and in some instances acute medical conditions. Some students with mental health conditions may also need a care plan. The nurse and other staff need to know as much as is possible about a student with a medical condition and understand what could occur in an emergency.

A care plan will give day to day instructions of care for that individual student, even if this does not require any active involvement from staff. It will list signs and symptoms for staff to be aware of and the course of action to be taken should the condition worsen.

A student's individual care plan will include steps to be taken in case of emergency, information on medication to be administered, whether to call an ambulance, emergency contacts and if applicable the hospital and particular doctor to contact.

Students / Medical conditions requiring Care Plans

Care plans will be tailored to the individual student and their particular medical conditions.

Students can have many diverse and unusual conditions which require careful planning and up to date information. In some instances other medical professionals and in particular parents/carers will need to be involved to ensure that the best care of a student can be given.

Some students may have a chronic but mild condition such as mild asthma or eczema that although may need some care, rarely causes a problem in school. In these cases a general care plan has been written.

At times students may have an acute or temporary condition that requires a care plan for the short term. These would include fractures, post-op care or for observing conditions such as grumbling appendix. For these conditions the care plans would be reviewed and updated more frequently than for chronic conditions.

Care Plan Forms

A general care plan will be formatted with basic information for all students with medical conditions. This will include name, address, contacts, GP and diagnosis/medical condition. This will be followed by the individual care plan for that student.

Compiling a Care Plan

All information needs to be at hand such as letters from hospital and / or GPs. Initial health care plans should be put together with the parents / carers present. The member of staff compiling the care plan (under normal circumstances the registered nurse) must have a full understanding of the condition.

Diagnosis and signs and symptoms must be listed and from these a care plan can be written. Day to day care and any special arrangements are to be listed. If the student requires a red medical card to leave lessons i.e. diabetics, bladder problems, this can also be noted on the care plan.

Next details needed to be listed regarding what would occur in an emergency and signs and symptoms to be aware of. For instance in the case of a diabetic having a hypoglycaemic attack they may appear disorientated, sweating and shaking. Signs and symptoms for each individual can vary enormously.

It must be decided what action should be taken next, whether to administer medication, call parents, ring for an ambulance for example and in what order. Some students will need to be taken to a specific hospital and a named doctor contacted to inform them that the student is on their way.

Reviewing Care Plans

Care plans need to be reviewed regularly (at least annually) and updated as necessary when circumstances change. For students with chronic conditions and no changes in their conditions it may only be necessary to review once a year. The whole care plan should be checked and if no changes are necessary the form should be re-dated with no changes noted. The care plan should be signed by the relevant parties including the parents.

If a student's condition changes or an emergency situation occurs, this should be noted and any changes made to the care plan. Again these changes need to be made and the care plan signed and dated.

Students with acute or temporary conditions will need to have their care plans updated regularly. This may even be necessary several times during a term or even several times a week.

Care plans when completed are to be kept in a folder to be filed in the Sick Bay filing cabinet. Decisions on who can access these care plans must be made with the parents, student, senior member of staff and school nurse.

Appendix 2c - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the 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

CONTACTING EMERGENCY SERVICES

To request an ambulance

Dial 999 and be ready with the following information:

1. Your telephone number
2. Your location – school address and postcode
3. Your name
4. Student's (or staff) name
5. Brief description of injury or illness
6. The best entrance for ambulance crew and advise crew will be met and taken to student (staff)
7. Advise mansion reception, caretakers and Site Manager that an ambulance is on its way and where the patient is located.
8. Record when the ambulance has been called (time and day).

Note: DO NOT telephone for an ambulance without contacting the nurse first. If the nurse is not available follow the above procedures.

Parental Agreement for the administration of medicines

Medication can not be given by the school unless parents /carers complete and sign this form. A supply of medication should be sent to the school nurse with this form. **Note: medication must be in the original labelled container** and must include **prescriber's instructions and information regarding drug dosage and storage. The medication must be in date.** Although the School Nurse will check the medicines, this is the responsibility of the parent.

Details of Student

Name: _____

Year & Tutor Group: _____ Date of Birth: _____

Medical condition _____

Medication

Name and Strength of medication (as described on container): _____

Expiry date: _____

Dosage & Method: _____

Timing: _____

Special precautions: _____

Side effects: _____

Daytime contact number of parent/carer: _____

Name and contact number of GP: _____

This information is, to the best of my knowledge, accurate at time of writing and I give consent for the School Nurse, to administer the 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.

Parent/Carer signature: _____

Relationship to student: _____ Date: _____

PARENTAL CONSENT FORM

School staff need to obtain the consent of parents to make decisions about a child while he or she are in our care. This might include:

- a) Having to act in a medical emergency when there is not time to get hold of you
- b) The administration of routine treatment (eg applying plasters or giving medication)
- c) Making immediate decisions to protect your child from harm or injury.

Please complete and sign where appropriate below:

Name: _____

Should the necessity arise, I agree for consent to be given on behalf for an anaesthetic or for any other urgent medical treatment to be given.

Signature _____ (parent/guardian)

I give permission for school staff (the school nurse or relevant first aider in the nurse's absence) to administer paracetamol or other non-prescription medicines as approved by the local pharmacist and as set down in the School Policy regarding medication.

Signature _____ (parent/guardian)

I give permission for my son/daughter to go off of the school premises if supervised by a member of staff.

Signature _____ (parent/guardian)

The school reserves the right not to take students off site if the parental form is not complete.

This consent form requires the signature of someone with "parental responsibility". The notes on the reverse of this form enable you to work out who in your family has this responsibility. Please make sure that it is signed by the correct person and returned to The Admissions Officer.

PARENTS WITHOUT PARENTAL RESPONSIBILITY

Many adults bringing up children do not have legal “parental responsibility” for them as defined by the Children Act 1989. They are still “parents” in the general sense but they do not have “authority” with respect to the child. This can place them and the schools which the children attend in a difficult position.

A number of parents may be affected by this including:

- a) Unmarried fathers who have never made an agreement with the mother or obtained parental responsibility through the courts.
- b) Foster carers – either via private arrangements or through the local authority.
- c) Step-parents and partners of actual parents (who at present only have parental responsibility if they have a residence order or have adopted the child)
- d) Other relatives, eg grandparents, etc. who are caring for children on a temporary or long-term basis.

For day-to-day purposes, these people may still make routine decisions about the child they look after but, if there is any dispute between them and those who actually hold the legal responsibility, the wishes of those with parental responsibility must take precedence. Even if those with parental responsibility live apart from the child, it is important for Headteachers to be aware of their whereabouts so that they can be contacted if required.

For situations where actual parents are unavailable (eg abroad, in prison or hospital, etc) or where children are living with other people on a long-term basis, best practice is to ask those with parental responsibility to sign a written form (available from the school) which delegates their decision-making powers to the carer. Such decision-making powers can be withdrawn (in writing) if the person with parental responsibility wishes to do so. However, the existence of such a form may help to clarify who has the right to make decisions in the absence of those with parental responsibility.

PARENTAL CONSENT FORM FOR PIRITON

Dear Parent /Carer

You have indicated on your child’s medical record that they require Piriton antihistamine medication in the event of an allergic reaction.

We do keep Piriton **tablets** in the sick bay but need parental consent to give them. To save time if your child does have an allergic reaction, please complete the form, sign below and return it to the School Nurse.

Name: _____ **Tutor Group:** _____

Allergy: _____

I give permission for the school nurses to administer **Piriton antihistamine tablet (4mg)** in the event of my child having an allergic reaction.

Signature _____ (parent/carer)

Date _____

Appendix 5

SSC Re-Integration Timetable

Start Date:

Please tick the times when the student will be in school (✓) and highlight times referred to (SSC).

	MON	TUES	WED	THUR	FRI
A&G					
Period 1					
	BREAK	BREAK	BREAK	BREAK	BREAK
Period 2					
Period 3					
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
Period 4					
Period 5					
A&G					

Further Considerations/Scenarios/Risks/Actions:

<p>I understand and agree that my son/daughter will remain in the Student Support Centre at the times specified above and that this timetable may be amended in the future as circumstances change.</p> <p>I will arrange safe transport for him/her to go home at the times set and understand that if these times need to change I will be notified.</p> <p>Break times will be organised on a daily basis. These will be supervised if required.</p> <p>I will provide a packed lunch and a drink for my son/daughter.</p> <p>Parental/ Carer Signature: _____ Date: _____</p> <p>Student Signature: _____ Date: _____</p> <p>Centre Staff Signature: _____ Date: _____</p> <p>Nurse Signature (Medical only) _____ Date: _____</p>	
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Referrer – Please check that all signatures are collected and that the following documents accompany this referral.

- 1) PSP – non medical referral
- 2) IHCP if appropriate
- 3) Student Self Assessment Proforma

Appendix 6 **Guidance** A number of strategies can be used to support students with medical or mental health needs as part of the school's 'reasonable adjustment'.

Educational Support

- Individual Health Care Plans and/or Early Help Assessment (Kent Family Support Framework KFSF, formerly the CAF)
- Referral for HNES support
- Teaching Assistant support, arrangements made for catch-up sessions
- time-limited modified timetables: later start, earlier finish, reduced curriculum offer, reduced number of days, after school sessions, time out placement, alternative on-site provision (i.e. Inclusion area)
- on-line/virtual learning
- teaching home visits

Pastoral Support

- break and lunch time sanctuary
- named mentor
- peer mentoring, nurture groups, social skills groups
- school based counselling

Family Support

- meetings with parents and sometimes the extended family
- Support of FLO
- Referral for family work, parents groups

Counselling

Homewood is able to provide School-based counselling. This service generally provides one-to-one supportive therapy, with pupils referred through their FLOs. Non-directive supportive therapy is recommended by NICE for mild depression and there is emerging evidence to suggest that school-based humanistic counselling is effective at reducing psychological distress and helping pupils achieve their goals.

Both the pupils who use it and school staff believe school-based counselling to be an effective means of improving students' mental health and emotional wellbeing. They also believe it enhances pupils' capacity to study and learn.

Specialist support, advice, training in school

- Health Needs Education Service
- Educational Psychology (core or traded services)
- Specialist Teaching and Learning Service
- School Nursing Service
- Specialist Teams from Hospitals

Specialist Outreach Support

- Health Needs Education Service through the six locality managers
- Specialist Teaching and Learning Service
- Special Schools outreach support
- ChYPS

Consultation with other agencies (for advice, and to support access to other services)

- LIFT for STLS and Educational Psychology Service
- Early Help Assessment

- KIASS and KIFSS District Locality Managers
- In Year Fair Access (IYFA)
- Specialist Children's Services
- Short-term/respite placements supported by the Home School at a locality hub
- Commissioned-therapeutic work with learners delivered by an appropriate specialist, within or beyond the school, including:
 - Educational Psychologists
 - School Nurses
 - Young Healthy Minds
- Locality based Primary Mental Health Workers (new posts commissioned by KCC and CCGs)
- GP's and/or Paediatricians
- Referral of serious cases to ChYPS Tiers 3 and 4
- Early psychosis team 14+ services

Appendix 7: staff training record – administration of medicines

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

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____