

# Medicines and Supporting Pupils with Medical Conditions Policy

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## Ownership and Control

### History

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### Intended Audience

Intended Audience	Intended Method of Distribution
Staff/ Students/ Parents / Carers/ Governors	Staff Shared Drive, Website, Sigma Intranet

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

## AMENDMENT TRACKER

**Name of reviewer: Charlotte Doyle**

**Date of review: November 2020**

**Summary of all changes being proposed in this policy review:**

A full review of this policy has been undertaken.

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## **1. GENERAL STATEMENT**

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

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

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

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

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

## **2. DEFINITION OF MEDICAL NEEDS**

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

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

## **3. DEFINITION OF MEDICATION**

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

## **4. KEY ROLES AND RESPONSIBILITIES**

**The Local Authority (LA) is responsible for:**

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition (whether consecutive or cumulative across the school year).

- Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.

**The Governing Body is responsible for:**

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

**The Headteacher is responsible for:**

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

**Staff members are responsible for:**

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

**School Nurses are responsible for:**

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Providing the school with background information on the condition.
- Liaising locally with lead clinicians on appropriate support.
- Providing support and training on the administration of any medicines.
- Working with the school, parents and pupil and the development of the Individual Healthcare Plan (IHCP) and a Care Plan if required.

**Parents and Carers are responsible for:**

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

**Pupils**

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

**5. STAFF SUPPORT AND TRAINING**

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

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.
- Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.
- No staff member may administer drugs by injection unless they have received training in this responsibility.
- All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- Specific training and staff awareness sessions will be held for children with highly individual needs prior to the child joining the school or transitioning to a new class and arrangements are made with appropriate agency (e.g. School Health) to update staff training on a regular basis.
- Records will be kept of training (see Appendix 4) on the school's central training record database.
- Training is given to all staff members who agree to administer medication to pupils, where specific training is needed.

**6. SPECIFIC ARRANGEMENTS FOR PUPILS WITH MEDICAL NEEDS****Educational Visits**

Every effort is made to encourage children with medical needs to participate in safely managed visits. Consideration is always given to the adjustments which need to be made to enable children with medical needs to participate fully and safely on visits. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of individual health care plans should be taken on visits in the event of the information being needed in an

emergency. Arrangements for taking any necessary medicines will need to be made and if necessary an additional member of the support staff, a parent or another volunteer might be needed to accompany a particular child.

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

### **Residential Trips**

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

### **Sporting Activities**

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

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

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

### **Reintegration After Absence**

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

## **7. INDIVIDUAL HEALTHCARE PLANS (IHPS)**

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

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

It may be beneficial for the academy to hold a "team around the child" meeting to include any relevant professionals, the child or young person if feasible and the parent/carer, to discuss if there are ways that the pupil can be supported from HDHS resources. If it is agreed that education other than at school is appropriate or additional support is needed, then the school will activate the request to the Complex Needs / Vulnerable Children Service in the appropriate Local Authority to request the assignment of a caseworker and referral where necessary to the Medical Programme Service.

Where necessary, an *Individual Healthcare Plan* (IHP) will be developed in collaboration with the pupil, parents/carers, Year Team, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals. See Appendix 1 and 2.

- IHPs will be easily accessible whilst preserving confidentiality.

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

Completed Health Care Plans will be kept in the IHP file in CDO's office so it is available for teaching and non-teaching staff in the event of an emergency (digitally within their online files for 6th Form Students). In addition, if the medical condition has the potential to be immediately life-threatening, details of the care plan with the emergency procedures to be taken may also be displayed on the Care Board in the staff room and within Student Services so it is clearly visible for all staff.

## 8. ADMINISTRATION OF MEDICINES

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

- Paracetamol can only be given to children when parents/carers have given written permission and for no longer than 3 days
- School staff will never give aspirin or ibuprofen unless prescribed by a Doctor and provided in packaging (to include the prescriber's instructions)
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Pupils should not bring in their own medicine. This should be brought into school by the parent.
- Where it has been agreed that medicines can be given, a named member of staff will be allocated to administer according to the instructions and this will be logged within the completed '*HDHS MEDICINE ADMINISTERING FORM*'. This record will be stored within the 'Medication Log' stored in the medical room within Student Services.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the parent / carer of the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medications will be stored in the Medicine Fridge in Student Services, the Medical cabinet in Student Services and potentially also in the classroom/Lighthouse (canteen) depending on the type of medicine, the needs of the pupil and the level of need for immediate access in the case of a medical emergency. This will be agreed during the development of the IHP.
- Any medications left over at the end of the course or the end of the academic year will be returned to the child's parents/ carers.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- HDHS cannot be held responsible for side effects that occur when medication is taken correctly.
- All students need to be able to self administer their medication unless agreed within the IHP that staff agree to support this.
- Staff are not authorized to administer medication by injection unless for the purpose of saving life in an emergency. Invasive procedures will only be undertaken if included in the Individual Health Care Plan and suitable training has been given to the agreed members of staff.

## **METHOD FOR ADMINISTRATION OF MEDICINE**

When administering the medicine, the named person should:

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

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

## **DISPOSAL**

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

## **REFUSAL TO TAKE MEDICINE**

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

## **9. INFORMATION SHARING**

### **Class Teachers**

It is vital that class teachers are informed at the start of the academic year or any medical conditions and food allergies (inc. dietary requirements) of the children in their class. CDO will be responsible for ensuring a medical list is shared at the start of term with all staff and updated as new information comes to light or new children with special requirements join the school. Class Teachers will be informed that an IHP has been created for any children in their class and they are able to request a copy for them to read and store securely. Individual risk assessments will also be undertaken where special evacuation procedures may be required in the event of an emergency or special care arrangements are required for the children moving around the building.

### **Other Teachers/Coaches**

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

### **Catering Team**

It is vital that "Lighthouse" Staff are informed of any children with food allergies. This information should be shared with the catering manager alongside all staff by CDO as soon as a new child starts. It is the catering managers responsibility to liaise with CDO to ensure that a photo of the child is put up in the kitchen and all relevant medical needs are linked to their catering system.

### **Supply Staff**

All internal supply (Cover Supervisors) will have the same access to and training on medical needs as all staff. External supply staff will be fully informed via the Lead Cover Supervisor of medical procedures and have access to the medical needs information of any children in their class.

### **Work Experience Students**

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

### **10. EMERGENCIES**

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

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

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

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

If a child's special educational need or disability requires special arrangements regarding their movements around the school site, a Personal Emergency Evacuation Plan (PEEP) shall be prepared by assigned staff in consultation with the child, his/ her parents/ carer, his/ her designated Learning Support Assistant (where relevant). CDO will be responsible for disseminating information in the PEEP as necessary. (See Appendix 7).

### **11. AVOIDING UNACCEPTABLE PRACTICE**

HDHS understands that the following behaviour is unacceptable:-

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

### **12. INSURANCE**

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

### **13. COMPLAINTS**

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

## APPENDIX 1 - INDIVIDUAL HEALTHCARE PLAN IMPLEMENTATION PROCEDURE

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

**APPENDIX 2 – INDIVIDUAL HEALTHCARE PLAN TEMPLATE**

Name of school	Harwich and Dovercourt High School
Child's full name	
Year Group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date of first IHP completion	
Annual review date of IHP	

**Family Contact Information**

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

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

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

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

***For the school to complete***

Who will provide support/any training requirements:

First review date of IHP

Reviewed Amendments

Second review date of IHP

Reviewed Amendments

Third review date of IHP

Reviewed Amendments

Fourth review date of IHP

Reviewed Amendments

**APPENDIX 3 – PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE**

**HDHS MEDICINE ADMINISTERING FORM**

Date of request:

Name of child:

Date of birth:

Form group:

Medical condition or illness:

**Medicine**

Name / type of medicine (as described on the container):

Expiry date:

Dosage and method of administration:

Timing / when to be given:

Special precautions / other instructions:

Are there any side effects the school needs to know about?:

Procedures to take in an emergency:

**Note: Medicines must be in the original container as dispensed by the pharmacy and all students need to be able to self administer their medication.**

**Parent/Carer Contact Details**

Name:

Relationship to child:

Daytime phone number:

Name and phone number of GP:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that all medication needs to be hand delivered by a parent/carers to the school reception.

Parent/Carer signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_

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







**APPENDIX 4 – STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES**

Name

Type of training received

Date training completed

Training provided by

Profession and title


I confirm that \_\_\_\_\_ (insert name of member of staff)

has received the training detailed above and is competent to carry out any necessary

treatment. I recommend that training is updated \_\_\_\_\_ (please state how often)

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

I confirm that I received the training detailed above

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

**APPENDIX 5 - MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE  
PLAN DEVELOPMENT**

Dear Parent/Carer,

**Re: Medical Conditions Review and Individual Healthcare Plans**

Thank you for previously reviewing and completing the Data Collection Sheet that we sent out to you regarding your child.

From that collection we are aware you listed that your child has a medical need. In line with new guidelines, it is a requirement that every child with a medical need has an Individual Healthcare Plan (IHP). It is a requirement that the IHP is then reviewed, checked and updated annually and that the school is informed of any changes to or cessation of the medical need.

A blank copy of an IHP is enclosed with this letter and I ask that you please complete this and return to me as soon as possible. We will then send a copy of this out to you annually to be reviewed and any necessary amendments made. Even if there are no annual amendments you will be required please to still confirm that the IHP is current and correct.

It is also a requirement that any medication to be administered in school must be brought to reception by a parent/carer. A form should be completed to register the medication, dosage, amount and use-by dates. We cannot accept any medication if it is not in the original prescribed box, with the medical information leaflet. A blank copy of this form is also enclosed with this letter. If you have not completed one recently please can you also complete and return this form along with the IHP.

We will review all medicines every half term and advise parents/carers if medication is out of date. Students self-medicate in the medical room and all medication taken is logged.

In regards to students with asthma, please indicate how often your child on average uses a preventative inhaler.

Please do not hesitate to contact the school if you have any queries regarding medication kept in school or to arrange a meeting to discuss your child's IHP.

Yours sincerely,



**Miss C Doyle**  
**Assistant Headteacher**

## **APPENDIX 6 - COMMUNICABLE DISEASES**

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

<b>DISEASE</b>	<b>TIME AWAY FROM SCHOOL</b>	<b>NOTIFY</b>
Chicken Pox	5 days from onset of rash	Pregnant staff
Food Poisoning	Until free of symptoms (48 hours for children under 5)	CCDC
Hepatitis A	For 5 days from onset of jaundice for children under 5, not justified in older children with good hygiene.	CCDC
Impetigo	Until lesions are crusted or healed	CCDC
Measles	For 5 days from onset of rash	Year Group parents and pregnant staff
Mumps	For 5 days from onset of swollen glands	CCDC
Ringworm	Can attend school but ensure treatment by a GP	CCDC
Rubella	For 5 days from onset of rash	Pregnant staff
Scabies	Until day after treatment has commenced	CCDC
Scarlet Fever	For 5 days from commencing antibiotics	CCDC
Tuberculosis	For two weeks after treatment has started, CCDC will advise on any further action.	CCDC
Whooping Cough	For 5 days from commencing antibiotic treatment. Longer may be advised if antibiotics were not started early.	CCDC

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

Meningitis	Typhoid or Paratyphoid
Whooping cough	Tuberculosis

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

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

### **Protecting Staff, Other Pupils, Parents & Carers and Visitors**

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

**Appendix 7 – PERSONAL EMERGENCY EVACUATION PLAN (PEEP) TEMPLATE**

<b><u>PERSONAL EMERGENCY EVACUATION PLAN (PEEP) TEMPLATE</u></b>	
<b>A copy of this document is given to the student / staff member to keep with them at all times and the original given to CDO to store in the medical file.</b>	
Name of School	Harwich and Dovercourt Highschool
Student / Staff Name	
Form Group / Department	
D.O.B	
Medical diagnosis or condition	
HDHS Main First Aid Contacts	2200 / 2290 / 2255 / 2254 / 2253
HDHS Site Manager	2269
HDHS Facilities Emergency Number	07709 857890

If you cannot safely use the stairs all lessons scheduled on the first or second floor should either be re-roomed to the ground floor or work completed out of circulation with the Year Team on the ground floor.

**Family Contact Information**

Name	
Relationship to student / staff member	
Mobile Number	
Home / Work Number	
Name	
Relationship to student / staff member	
Mobile Number	
Home / Work Number	

**Procedural instructions in the event of a school evacuation**

1. At the commencement of an evacuation, if you require support to evacuate the building please hand this card into your class teacher or nearest available staff member.
2. Your teacher/staff member will assist you / escort you during the evacuation.
3. If they cannot assist you or more support is required in order to evacuate safely please contact the Site Manager on either of the numbers above.
4. Once you have exited the building please make your way to the benches on the main field (next to C Block) to have your name registered.