



## Policy Directive and Procedures

# MEDICINES IN SCHOOLS AND SUPPORTING LEARNERS WITH MEDICAL NEEDS

Publication Date:	June 2016	Version Date:	2018.02.05
Review Date:	March 2019	Version Number:	V1.2
Contact:	Director of Strategy, Policy & Quality Assurance		
	 : <a href="mailto:educationsportandculture@gov.gg">educationsportandculture@gov.gg</a>  : Sir Charles Frossard House La Charroterie St Peter Port GY1 1FH  : +44 (0)1481 733000 <a href="http://www.gov.gg/education">www.gov.gg/education</a>		

### Document Status

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the ConnectED Intranet is the controlled copy. As a controlled document, it should not be saved onto local or network drives but should be accessed from the ConnectED Intranet.*

## Contents

1.0 Introduction .....	4
1.1. Policy Statement .....	4
1.2 Policy Objectives .....	4
1.3 Policy Application.....	4
1.4 Accountabilities.....	5
1.5 Responsibilities .....	5
1.5.1 Education Services .....	5
1.5.2 Headteachers .....	6
1.5.3 Lead Staff Members.....	6
1.5.4 Any Member of School Staff .....	6
1.5.5 School Nurses.....	7
1.5.6 Other Healthcare Professionals, including General Practitioners (GP) and Paediatricians.....	7
1.5.7 Learners.....	7
1.5.8 Parents and Carers.....	7
1.5.9 Health and Social Care (HSC) .....	8
1.5.10 Providers of Health Services .....	8
1.5.11 Medical Specialist Group (MSG) .....	8
1.5.12 HM Inspectors.....	8
1.5.13 Other Agencies.....	9
1.6 Associated documents .....	9
2.0 Background .....	9
3.0 Notification of a Learner with a Medical Need.....	10
4.0 Individual Healthcare Plans.....	10
5.0 Managing Medicines on School Premises .....	12
6.0 The Child’s Role in Managing their own Medical Needs .....	13
7.0 Day Trips, Residential Visits and Sporting Activities .....	14
8.0 Record Keeping .....	14
9.0 Emergency Procedures .....	15
10.0 Staff Training and Support .....	15
11.0 Unacceptable Practice .....	16

12.0 Complaints .....17  
Appendix 1: Model process for Developing Individual Healthcare Plans (IHP).....18  
Appendix 2: Planning Support for a Learner with Medical Needs .....19

## 1.0 Introduction

### 1.1. Policy Statement

Learners with medical conditions should be properly supported at school so that they have full access to education, including school trips and physical education. This Policy sets out suitable provision to promote learners' proper and adequate health, welfare and development and makes arrangements for supporting learners with medical conditions at their school. It has been developed in consultation with Health and Social Services, specifically Child Health and Family Partnership Services (which includes School Nurses); Community Paediatrician and General Practitioners.

#### **Definition**

Generally, learners in school who may require arrangements to be made because of their medical needs belong to one or more of three groups:

- Learners with long term medical conditions, who may or may not require medication during the school day e.g. asthma, ADHD, anxiety
- Learners with conditions that may, without warning, require swift emergency treatment or medication e.g. epilepsy, anaphylaxis, diabetes, asthma
- Learners who are completing a course of prescribed treatment

### 1.2 Policy Objectives

To manage risk associated with supporting learners with medical needs and the administration of medicines in schools

To establish best practice on the development of Individual Healthcare Plans (IHP) and protocols for the administration of medicines

### 1.3 Policy Application

- All schools in Guernsey, Alderney and Herm including voluntary schools
- College of Further Education (learners under the age of 18 years)
- Guernsey Music Service
- All activities taking place off-site
- It is provided as advice and guidance to Early Years Settings and the Grant-Aided Colleges which must have regard to it. This means to take account of the Policy and to consider it carefully. Having done so, there would need to be good reason to justify not complying with it

Throughout this policy directive, Headteacher refers also to Heads of Service and the College of Further Education Principal, and school refers to any education establishment.

## 1.4 Accountabilities

Headteachers are accountable for:

- Ensuring that arrangements are in place in school to properly support learners with medical conditions, in terms of both physical and mental health, so that they can play a full and active role in school life, remain healthy and achieve their academic potential
- Consulting with Health and Social Service professionals, learners and parents/carers to ensure that the needs of children and young people with medical conditions are effectively supported
- Ensuring that Individual Healthcare Plans are developed as required and reviewed at least annually
- Issuing Data Collection Forms in line with Education Services' Policy and updating students' SIMS records with medical information in accordance with the mandatory requirements of Education Services Schools' Management Information System Policy as a consequence
- Ensuring that staff receive appropriate training in line with this Policy and which is recorded in the school's Management Information System (SIMS)
- In line with their safeguarding duties, ensuring that learners' health is not put at unnecessary risk from, for example infectious disease. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others

## 1.5 Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social service professionals), parents and learners will be critical. This Policy therefore identifies collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of learners with medical conditions are met effectively. Some of the most important roles and responsibilities follow, but Headteachers may additionally wish to cover additional roles and their responsibilities in their published procedures.

### 1.5.1 Education Services

Education Services will:

- Develop a clear policy for supporting learners with medical conditions that is reviewed regularly and is readily accessible to parents and school staff
- Ensure that the Policy clearly describes the obligations to learners with medical needs and identifies the responsibilities of those involved in the arrangements made to support learners with medical conditions at school

- Provide advice and guidance, when requested, on managing specific medical needs and establishing an Individual Healthcare Plan and/or protocols for administering medication
- Set out the data capture and reporting requirements on medical conditions and events

### 1.5.2 Headteachers

Headteachers will:

- Adhere to the policy set out by Education Services
- Ensure that plans, procedures and systems are described in the school's published procedures document, are understood by all staff, and are properly and effectively implemented, with a named lead staff member for oversight of policy implementation
- Focus on the needs of each individual learner and how their medical condition impacts on their school life
- Ensure school staff providing support are able to access information and other teaching support materials as needed
- Ensure that the arrangements made give parents and learners confidence in the school's ability to provide effective support in school, and should demonstrate an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care
- Ensure that written records are kept of all medicines administered to children

### 1.5.3 Lead Staff Members

Lead Staff Members will:

- Ensure that sufficient staff are properly trained and achieve the necessary level of competency to provide the support that learners need in all Individual Healthcare Plans, in consultation and collaboration with relevant health professionals, such as School Nurses. This should include in contingency and emergency situations. Training must be recorded in SIMS
- Ensure that all relevant staff are made aware of the medical need, including School Nurses and brief casual supply teachers where necessary
- Ensure risk assessments have been considered and completed for school visits and other school activities outside the normal timetable
- Monitor Individual Healthcare Plans

### 1.5.4 Any Member of School Staff

- May be asked to provide support to learners with medical conditions, including the administering of medicines, although they cannot be required to do so unless included within their job description

- Should know what to do and respond accordingly when they become aware of a learner with a medical condition who needs help

### 1.5.5 School Nurses

- Are responsible for notifying the Headteacher 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
- 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
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example local specialist nursing teams offering training to local school staff
- Have a duty to promote co-operation between relevant partners with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation
- And 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

### 1.5.6 Other Healthcare Professionals, including General Practitioners (GP) and Paediatricians

- Should notify the School Nurse when a young person has been identified as having a medical condition that will require support at school. They may provide advice on developing Individual Healthcare Plans. Specialist health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes)

### 1.5.7 Learners

- With medical conditions will often be best placed to provide information about how their condition affects them
- Should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan
- Other learners should be sensitive to the needs of those with medical conditions

### 1.5.8 Parents and Carers

- Have prime responsibility for their child's health
- Should provide the school with sufficient and up-to-date information about their child's medical needs in conjunction with the child's GP or paediatrician. They may in some cases be the first to notify the school that their child has a medical condition

- Parents are key partners and should be involved in the development and review of their child's Individual Healthcare Plan and may be involved in its drafting
- Should carry out any action they have agreed to as part of the Individual Healthcare Plan's implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times

### 1.5.9 Health and Social Care (HSC)

- Should provide support, advice and guidance through the School Nurses, including suitable training for school staff, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively
- Where additional advice or medical supervision of health care plans is required this will be provided through the Community Paediatrician and General Paediatricians according to expertise. The Community Paediatrician will set the framework for this
- Should work with schools to support learners with medical conditions to attend full time

### 1.5.10 Providers of Health Services

- Should co-operate with schools that are supporting children with medical conditions, including appropriate communication, liaison with School Nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in outreach and training
- Health Services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school

### 1.5.11 Medical Specialist Group (MSG)

- Provides Paediatric advice and supervision, depending on the General Paediatricians' expertise, to support health care plans and to be responsive to children's needs. Paediatricians will co-operate with schools to support children with medical conditions

### 1.5.12 HM Inspectors

- The 'How Good is our School/College?' VSE Framework places a clear emphasis on meeting the needs of disabled children and learners with SEN, and considering the quality of teaching and the progress made by these learners
- Inspectors are briefed to consider the needs of learners with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met
- Headteachers are expected to have procedures dealing with medical needs compliant with this policy and to be able to demonstrate that this is implemented effectively

### 1.5.13 Other Agencies

- SHARE (Sexual Health and Relationship Educators), the Health Promotion Unit, Health Information Exchange and specialist voluntary or third sector agencies, can provide advice and information on health issues to Education Services, schools, parents and learners
- Where learners would not receive a suitable education in a mainstream school because of their health needs, the School Attendance Service has a duty to make other arrangements

### 1.6 Associated documents

- [Education Services Learner Attendance Policy on ConnectED](#)
- SEN Code of Practice (Guernsey) 2004  
<http://bridge/teamsite/education/policies/SEN/Forms/AllItems.aspx>
- [Schools' Management Information Policy SIMS](#)
- The Children (Guernsey and Alderney) Law, 2008  
<http://bridge/teamsite/education/childprotection/ISCP>

## 2.0 Background

Parents of children with medical needs are often concerned that their child's health will deteriorate when they attend school. This is because learners with long-term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well. Others may require interventions in particular emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe. In making decisions about the support they provide, it is crucial that headteachers consider advice from healthcare professionals and listen to and value the views of parents and learners.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed.<sup>1</sup>

---

<sup>1</sup> Refer to Education Services Attendance Strategy

Some children with medical conditions may be disabled or may have special educational needs (SEN) and/or a Determination of Needs. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice (Guernsey) 2004 available at <https://www.gov.gg/SEN>

### 3.0 Notification of a Learner with a Medical Need

When a school is informed that a learner has a medical need, whether by parents or a medical practitioner, then it must consider and plan how it will meet those needs. Generally this will require a Professionals' Planning Meeting to share information and draw up proposals for arrangements that can be shared and agreed with parents. An Individual Healthcare Plan or Medication Protocol may need to be drawn up.

For children starting at a new school, arrangements should be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a learner moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Schools do not have to wait for a formal diagnosis of a medical condition before providing support. In cases where a learner's medical condition is unclear, or where there is a difference of opinion, judgements will need to be made about what support to provide based on the available information. This would normally involve some form of medical information and consultation with parents.

### 4.0 Individual Healthcare Plans

Individual Healthcare Plans help to ensure that schools effectively support learners with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases 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 should agree, based on evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing their Individual Healthcare Plan is provided in Appendix 1.

The format of Individual Healthcare Plans may vary to enable schools to choose whichever is the most effective for the specific needs of each learner. They should be easily accessible to all who need to refer to them, whilst preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within Plans will depend on the complexity

of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has a Determination, their needs should be mentioned in an Individual Healthcare Plan as appropriate.

Individual Healthcare Plans, (and their review), may be initiated in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Learners should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Headteacher. Plans should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with Education Services to ensure that the Individual Healthcare Plan identifies the support that the child will need to reintegrate effectively.

When deciding what information should be recorded on Individual Healthcare Plans, the Headteacher should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The learner'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 e.g. crowded corridors, travel time between lessons
- Specific support for the learner's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, counselling sessions, use of rest periods or additional support in catching up with lessons
- 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 Headteacher for medication to be administered by a member of staff, or self-administered by the learner 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, e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition. This may be important where the Education Services has to become involved because of the impact on the employee providing the support in light of their employed role (LSAs providing personal care in mainstream schools)
- 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

### 5.0 Managing Medicines on School Premises

The Headteacher should ensure that there are clear procedures to be followed for managing and administering medicines in accordance with the following details:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administering, dosage and storage. The exception to this is insulin which must still be

in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

- All medicines should be stored safely. Children of school age should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away. This is particularly important to consider when on school trips
- A child who has been prescribed a controlled drug 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. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a learner securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency
- A member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. Staff administering medicines should do so in accordance with the prescriber's instructions
- Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. 'Sharps' boxes should always be used for the disposal of needles and other sharps

## 6.0 The Child's Role in Managing their own Medical Needs

Headteachers should ensure that the school's procedures cover arrangements for children who are competent to manage their own health needs and medicines.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within Individual Healthcare Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan. Parents should be informed so that alternative options can be considered.

## 7.0 Day Trips, Residential Visits and Sporting Activities

Headteachers should ensure that their arrangements are clear and unambiguous about the need to actively support learners with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for children to participate according to their own abilities and with any reasonable adjustments. Headteachers should make arrangements for the inclusion of learners in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

Headteachers should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that learners with medical conditions are included. This will require consultation with parents and young people and advice from the School Nurse or other healthcare professionals who are responsible for ensuring that learners can participate.

Where learners have life threatening conditions, specific Transport Healthcare Plans should be carried on vehicles.

## 8.0 Record Keeping

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. The Schools' Management Information System Policy <http://bridge/teamsite/education/policies/Management%20Information%20Systems/Form/AllItems.aspx> sets out the mandatory requirement to maintain the school role with pupil/student data which includes:

- Medical Conditions (if any e.g. Asthma (table can be amended to suit))
- Medical Notes (if any e.g. inhaler required and held at school)
- Medical Events (if any e.g. Asthma Attack)

Headteachers must therefore ensure that:

- Medical conditions are recorded as specified by a parent/carer or health professional and IHPs are identified as appropriate
- Records are kept of all medicines held on site for learners under the medical notes field
- Notifications from parents of inoculations are also recorded together with those inoculations administered in school by the School Nurse such as meningitis and tetanus
- An incident requiring medical attention or the administering of medicines to learners are detailed in the medical event field

Parents should be informed if their children have been unwell at school.

### 9.0 Emergency Procedures

Headteachers should ensure that their school's procedures set out what should happen in an emergency situation. As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies.

Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other young people in the school should know what to do, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Staff should not take children to hospital in their own car other than in exceptional circumstances, e.g. an ambulance is not able to get to the emergency.

### 10.0 Staff Training and Support

Headteachers should ensure that staff will be supported in carrying out their role to support learners with medical conditions. This should have been identified during the development or review of Individual Healthcare Plans. Staff who provide support to learners with medical conditions should be included in meetings where this is discussed.

Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required in light of knowledge already in place and how this can be obtained. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support learners with medical conditions, and to fulfil the requirements as set out in Individual Healthcare Plans. They will need an understanding of

the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the School Nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in administering medication.

The school's procedures should additionally set out arrangements for whole school awareness training so that all staff are aware of the school's procedures for supporting learners with medical conditions and their role in implementing Policy. This should be included in induction arrangements for new staff. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting learners in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

## 11.0 Unacceptable Practice

Headteachers should ensure that school procedures are explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case 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
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Prevent learners 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 work because the school is failing to support their child's medical needs
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child

## 12.0 Complaints

Headteachers should ensure that the school's procedures set out how complaints may be made and will be handled concerning the support provided to learners with medical conditions. Should parents or young people be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure, or to Education Services, Making a Complaint after attempts at resolution have been exhausted.

## Appendix 1: Model process for Developing Individual Healthcare Plans (IHP)



## Appendix 2: Planning Support for a Learner with Medical Needs

Some medical conditions that require support at school will affect the quality of life of the learner and may be life-limiting

Some medical needs may require specific plans for emergency intervention

In some cases flexibility will be required and may involve programmes of study that rely on part-time attendance at school<sup>2</sup>

Consideration must be given to how learners will reintegrate to school after periods of absence

Where learners have life threatening conditions, specific transport healthcare plans should be carried on vehicles

### Checklist

The medical condition, its triggers, signs, symptoms and treatments
The learner's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
Specific support for the learner'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 own medication, this should be clearly stated with appropriate arrangements for monitoring
Who will provide this support? Which healthcare professional will identify, their training needs, expectations of their role and confirmation of proficiency to provide support for the child?
Who in the school needs to be aware of the child's condition and the support required?
Written permission from parents and the Headteacher at the school for medication to be administered by a member of staff, or self-administered by individual learners during school hours
Separate arrangements or procedures required for school trips or other school activities outside the normal school timetable that will ensure the child can participate e.g. risk assessments
Where confidentiality issues are raised by the parent/child, identified designated individuals to be entrusted with information about the child's condition
What to do in an emergency, including whom to contact, and contingency arrangements

<sup>2</sup> All children must receive full-time education, unless this would not be in their best interests because of their health needs, as advised by Consultant Paediatrician or Clinical Psychiatrist/Psychologist