



The  
Westminster  
School



# Supporting Pupils with Medical Conditions Policy 2017/2018

*Safe Happy and Learning Together*  
*Building foundations and providing*  
*opportunities to create confident,*  
*aspirational and independent members of*  
*our community.*

Approved by Governing Body on: 08/06/18

Signed by Chair of Governors:

*Ken Gho*

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Lead Personnel:

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Date of Review:

08/06/19

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## Statement of intent

The Westminster School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in December 2015 - "Supporting pupils at school with medical conditions".

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities and this includes children with medical conditions.

## 1 Key roles and 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 care professionals), local authorities, and parents and pupils is critical.

### 1.1 The Local Authority (LA) is responsible for:

- 1.1.1 Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions as outlined under Section 10 of the Children Act 2004, with a view to improving wellbeing of children with regard to their physical and mental health and their education, training and recreation.
- 1.1.2 The procedures relating to pupils with medical conditions or responding to emergencies whilst the pupil is on home-to-school transport.
- 1.1.3 Local authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- 1.1.4 Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- 1.1.5 Local authorities should work with schools to support with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

## **1.2 The Clinical Commissioning Groups (CCGs) are responsible for:**

- 1.2.1 Ensuring that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).
- 1.2.2 CCGs should be responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this).
- 1.2.3 The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- 1.2.4 Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility.
- 1.2.5 Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurse, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

## **1.3 Health Services**

- 1.3.1 Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed 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.

## **1.4 The Governing Body is responsible for:**

- 1.4.1 The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of The Westminster School, 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 or sexual orientation.

- 1.4.2 Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.4.3 Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- 1.4.4 Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- 1.4.5 Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- 1.4.6 Keeping written records of any and all medicines administered to individual pupils and across the school population.
- 1.4.7 Ensuring the level of insurance in place reflects the level of risk.

**1.5 The SENCo in liaison with the Head Teacher is responsible for:**

- 1.5.1 The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of The Westminster School, ensuring the policy is developed effectively with partner agencies.
- 1.5.2 Making staff aware of this policy.
- 1.5.3 Liaising with healthcare professionals regarding the training required for staff. Training for specific medical conditions should be delivered by specialist medical professionals. This training should be reviewed as agreed by healthcare professionals.
- 1.5.4 Making staff who need to know aware of a child's medical condition.
- 1.5.5 Consulting the Community Children's Nurse in developing Individual Healthcare Plans (IHCPs).
- 1.5.6 Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations. This will be in liaison with the Community Children's Nurses.
- 1.5.7 If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- 1.5.8 Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 1.5.9 Contacting the Community Children's nurse in the case of any child who has a medical condition.

## **1.6 Staff members are responsible for:**

- 1.6.1 Taking appropriate steps to support children with medical conditions.
- 1.6.2 Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- 1.6.3 Administering medication, if they have agreed to undertake that responsibility.
- 1.6.4 Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- 1.6.5 Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- 1.6.6 Know the names of staff members responsible for administering injections.

## **1.7 Community Children's nurses are responsible for:**

- 1.7.1 Notifying the school when a child has been identified with requiring support in school due to a medical condition. Wherever possible this should be done before the child starts school.
- 1.7.2 Liaising locally with lead clinicians on appropriate support for the child and staff.
- 1.7.3 Support staff to implement a child's individual healthcare plan and provide advice and liaison for example on training.

## **1.8 Parents and carers are responsible for:**

- 1.8.1 Keeping the school informed about any changes to their child/children's health.
- 1.8.2 Completing a parental agreement for school to administer medicine form before bringing medication into school.
- 1.8.3 Providing the school with the medication their child requires and keeping it up to date.
- 1.8.4 Collecting any leftover medicine at the end of the course or year.
- 1.8.5 Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- 1.8.6 Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Community Children's Nurse, other staff members and healthcare professionals.

## **1.9 Other healthcare professionals are responsible for:**

- 1.9.1 Notifying the school nurse when a child has been identified as having a medical condition that will require support at school
- 1.9.2 Providing advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma diabetes, epilepsy).

## **2 Definitions**

- 2.1 “Medication” is defined as any prescribed or over the counter medicine.
- 2.2 “Prescription medication” is defined as any drug or device prescribed by a doctor.
- 2.3 A “staff member” is defined as any member of staff employed at The Westminster School, including teachers and support staff.

## **3 Training of staff**

- 3.1 Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.
- 3.2 Teachers and support staff will receive regular and on-going training as part of their development.
- 3.3 Teachers and support staff who undertake responsibilities under this policy will receive the following training externally:
  - First aid at Work
  - Administering medication
- 3.4 No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.
- 3.5 No staff member may administer drugs by injection unless they have received training in this responsibility.
- 3.6 The administration staff responsible for CPD will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.
- 3.7 Suitable training should be identified during the development or review of individual healthcare plans. 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. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
- 3.8 The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can

be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

- 3.9** Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils 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.
- 3.10** 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 providing medication.

Governing bodies should consider providing details of continuing professional development opportunities.

## **4 The role of the child**

- 4.1** Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- 4.2** Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- 4.3** If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored. Staff should not force them to take it, but follow the procedures agreed in the individual healthcare plan.
- 4.4** Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

## **5 Individual Healthcare Plans (IHCPs)**

- 5.1** When deciding what information should be recorded in individual healthcare plans, the governing body should consider the following:
- The medical condition, its triggers, signs, symptoms and treatments;
  - The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities equipment testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors travel time between lessons, counselling sessions;
  - Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time

to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parents/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

5.2 Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Head Teacher, Special Educational Needs Coordinator (SENCO) and medical professionals.

5.3 IHCPs will be easily accessible whilst preserving confidentiality.

5.4 IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

5.5 Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.

5.6 Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

## 6 Medicines

- 6.1 Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- 6.2 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 a school to administer medicine form.
- 6.3 No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- 6.4 Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- 6.5 No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 6.6 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. School are able to administer Paracetamol, Calpol, Neurofen and Ibuprofen without a prescription. However, bottles or tablets must be sent into school in an unopened state and in the original packaging and/or box. Medicines which do not meet these criteria will not be administered.
- 6.7 Controlled drugs may only be taken on school premises by 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.
- 6.8 Medications will be stored in the Medical Room. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- 6.9 Any medications left over at the end of the course will be returned to the child's parents. Sharps bins should always be used for the disposal of needles and other sharps.
- 6.10 Written records will be kept of any medication administered to children.
- 6.11 Pupils will never be prevented from accessing their medication.
- 6.12 The Westminster School cannot be held responsible for side effects that occur when medication is taken correctly.
- 6.13 Asthma inhalers are kept in school for emergency use. The school follows the Department of Health protocol for their use.

## **7 Day trips, residential visits and supporting activities**

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

- 7.2** Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- 7.3** Schools 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 pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **8 Emergencies**

- 8.1** Medical emergencies will be dealt with under the school's emergency procedures.
- 8.2** Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
- What constitutes an emergency.
  - What to do in an emergency.
- 8.3** Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- 8.4** If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## **9 Avoiding unacceptable practice**

- 9.1** The Westminster School 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 (although this may be challenged).
  - Sending pupils home frequently or preventing them from taking part in activities at school, including lunch unless this is specified in their IHCP.
  - Sending the pupil to the medical room or school office 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. No parent should have to give up working because the school is failing to support their child's medical needs.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.

## 10 Insurance

- 10.1** All staff who undertake responsibilities within this policy are covered by the local authorities insurance.
- 10.2** 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 Business Manager.
- 10.3** Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with

## 11 Complaints

- 11.1** The details of how to make a complaint can be found in the Complaints Policy:
- 11.1.1 Stage 1 - Complaint Heard by Staff Member/SENCo
  - 11.1.2 Stage 2 - Complaint Heard by Head Teacher
  - 11.1.3 Stage 3 - Complaint Heard by Governing Body

## 12 Further sources of information

Other safeguarding legislation

- 12.1** Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the code of conduct of the school, promote the wellbeing of pupils at the school.

- 12.2** Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.
- 12.3** Section 3 of the Children Act 1989 confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.
- 12.4** Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.
- 12.5** Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.
- 12.6** The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.
- 12.7** Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:
- They **must not** discriminate against, harass or victimise disabled children and young people
  - They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.

## 13 Other relevant legislation

- 13.1** Section 2 of the Health and Safety at Work Act 1974, and the associated regulations, provides that it is the duty of the employer (the local authority,

governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

**13.2** Under the Misuse of Drugs Act 1971 and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

**13.3** The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

**13.4 Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** Provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).

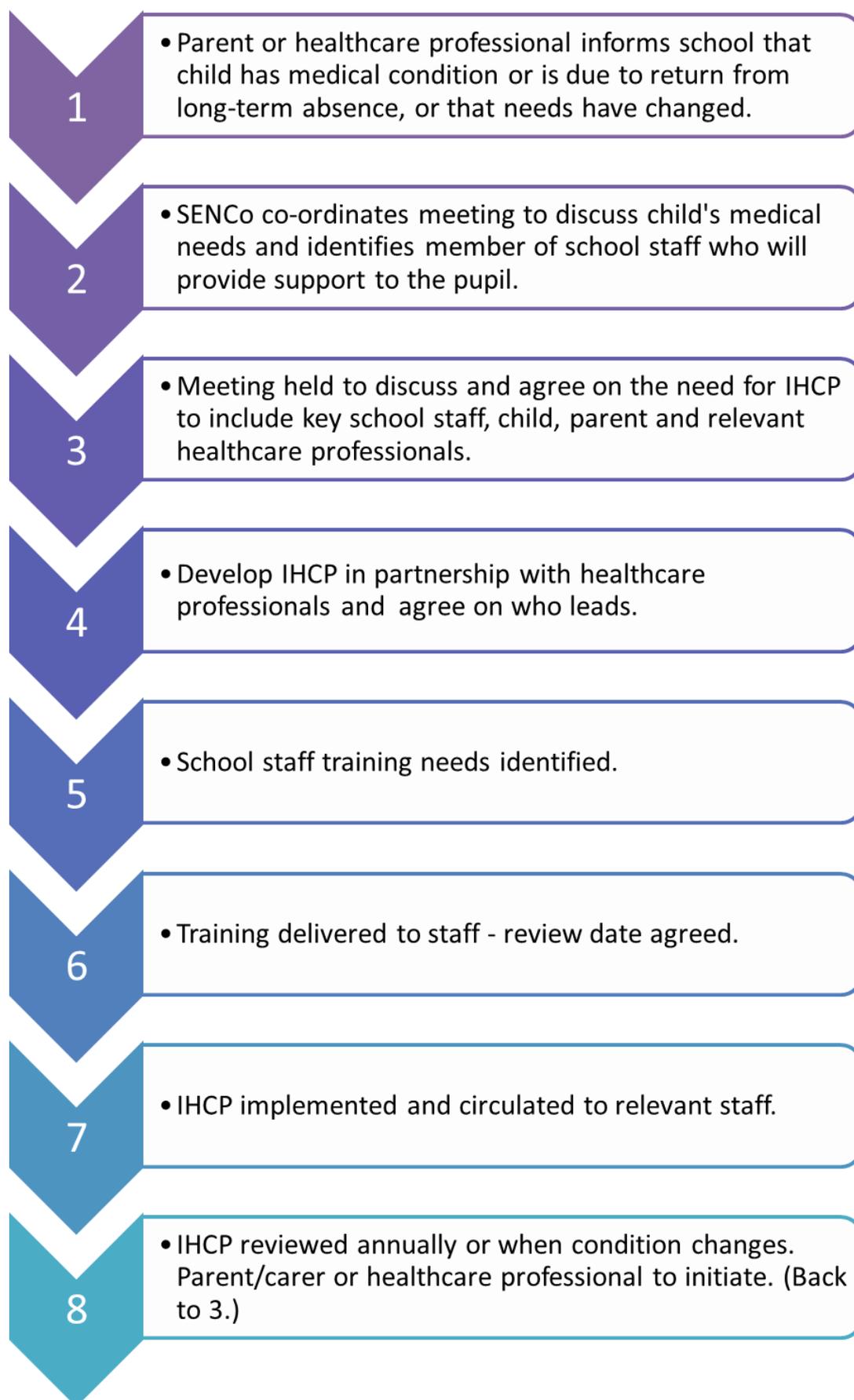
**13.5** The **Special Educational Needs and Disability Code of Practice**

**13.6 Section 19 of the Education Act 1996** (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as in a child's best interests because of their health needs.

## **14 Associated resources**

View links to other information and associated advice, guidance and resources e.g. templates, and to organisations providing advice and support on specific medical conditions.

## Appendix 1 - Individual healthcare plan implementation procedure



## Appendix 2 - Individual healthcare plan template

The Westminster School Individual Health Care Plan	
Child's name	
Tutor group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
<b>Family Contact Information</b>	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
<b>Clinic/Hospital Contact</b>	
Name	
Phone no.	
<b>G.P.</b>	
Name	
Phone no.	
Who is responsible for providing support in school	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	

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

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

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

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

## Appendix 3 - Parental agreement for a school to administer medicine template

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

### The Westminster School medicine administering form

Date for review to be initiated by

Name of child

Date of birth

Tutor group

Medical condition or illness


#### Medicine

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

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration - y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

#### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to


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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



## Appendix 5 - Pupil Seizure Record

<b>Pupil Name:</b>	
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<b>Date</b>	<b>Start Time</b>	<b>End Time</b>	<b>Staff present</b>	<b>Comments</b>	<b>Signature</b>

## Appendix 6 - Staff training record - administration of medicines

Name of school/setting:

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Name:

--

Type of training received:

--

Date of training completed:

--

Training provided by:

--

Profession and title:

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I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by \_\_\_\_\_.

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

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

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

Date \_\_\_\_\_

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

## Appendix 7 - Request for pain relief medication

### Request for pain relief medication

Your child \_\_\_\_\_ has requested pain relief medication  
for the following  
reasons \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication

Administered \_\_\_\_\_  
\_\_\_\_\_

Time Given \_\_\_\_\_

Date: \_\_\_\_\_

#### Please Tick

We have called you to inform and request your permission

We have checked that there is a 4 hour clearance between any other  
pain relief medication

Parents informed staff/school directly to administer pain relief  
medication

First Aider \_\_\_\_\_

Yours Sincerely

Marie Harewood  
Team Leader LSP

## Appendix 8 - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- Your telephone number - **0121 5616884**
- Your name.
- Your location as follows: **The Westminster School, Curral Road, Rowley Regis, West Midlands, B65 9AN**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.

## Appendix 9 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

### RE: 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 each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, 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 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 include **add details of team**. 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 add name of other staff lead** would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,