Ministry of Defence

Directorate Children & Young People
Interim Policy Directive 3.2.4

Supporting Pupils with Medical Conditions at MOD Schools

Version 2.1 Sep 16

Preface

Authorisation

1. This DCYP **Interim** Policy Directive has been authorised for use by the senior leadership team on behalf of the Director, Children & Young People.

2. This document replaces previous SCE policy guidance on 'Managing medicines in schools', as published in 2008.

Coherence with other Policy and Guidance

3. Where applicable, this document contains links to other relevant policies (including JSPs and Other Government Departments), as listed below

Related Policy and/or Documents	Title
DfE 2015	Supporting pupils at school with medical conditions
JSP 342	Education of Service Children and Young People Part 2: Guidance; Volume 4 Education of Service Children in Early Years Foundation Stage (EYFS) in the UK and overseas
JSP 770	Tri Service Operational and Non Operational Welfare Policy
DfE 2015	Keeping Children Safe in Education

Further Advice and Feedback - Contacts

4. The owner of this DCYP Policy Directive is the Senior Principal Targeted Services/Assistant Director (Pupil and Family Services). For further information on any aspect of this guide, or questions not answered within the subsequent sections, or to provide feedback on the content, contact:

Job Title/E-mail	Project focus	Phone
Interim Senior Principal Targeted Services/Assistant Director (P&FS) SCE-PFS-AsstDir@mod.uk		(0049) +5254 982 4904

Review Date

5. **This Interim Policy will be reviewed in late 2016, after it has been comprehensively piloted at school level. A permanent Policy Directive will be issued in early 2017.**

Contents

1 Summary

About this guidance

1. This Directorate Children and Young People (DCYP) policy directive is applicable to MoD schools overseas and follows the Department for Education (DfE) statutory guidance 2014 on supporting pupils who have medical conditions while they are at school.

2. DfE statutory guidance applies to any “appropriate authority” as defined in section 100 of the Children and Families Act 2014. In England that is the governing body of a maintained school. In the context of MoD schools which are overseas (previously Service Children’s Education) the ‘appropriate authority’ is the Directorate Children and Young People (DCYP). The responsibilities for compliance are discharged through local partnerships, i.e. between the MoD school head teacher and the Chair of the School Governance Committee (SGC).

3. DCYP policy is that MoD schools overseas will be compliant when carrying out duties to make arrangements to support pupils at school with medical conditions. Contained within this text is non-statutory advice which is provided by DfE to other persons or bodies in England who may have a role in helping to support pupils at school with medical conditions. It is included in this policy directive in order to provide transparency to overseas commands and others, such as Defence Primary Health Care (DPHC), as to the health requirements in this area.

4. This DCYP policy directive also applies to activities taking place off-site as part of normal educational activities.

5. This policy directive outlines the considerations that must be taken and decision makers would need good reason to justify not complying with it.

6. Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage.

What legislation informs this policy directive/guidance?

7. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools etc to make arrangements for supporting pupils at their school who have medical conditions. DCYP policy is to endorse that duty for MOD schools overseas/SCE, i.e. in non UK locations. School Governance Committees (SGCs) overseas do not have the same legal duties as governing bodies for schools in England. However, the guidance in this policy directive includes guidance for SGCs.

8. School governors and staff in England do not incur personal liability in respect of acts which are undertaken in good faith, in line with policy and in the best interests of the child. This limitation of personal liability applies equally to members of SGCs and staff in MoD schools as they support pupils with medical conditions, however it is essential that planning is appropriate to a child’s needs, that staff are supported in the knowledge and awareness necessary to implement the plan and that it has been agreed, in partnership, with parents. It is vital that staff seek appropriate advice and guidance, including from DCYP and staff employed through health services and to maintain records of all decision making, planning and actions undertaken.

9. It is important to note that Section 19 of the Education Act 1996 requires local authorities to make arrangements for the provision of suitable 'education at school or otherwise than at school' for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, temporarily might not receive suitable education unless such arrangements are made for them.

10. It is noted here for the sake of clarity that that legislation is not applicable overseas and DCYP is not a local authority. Due to the geographical limitations of MoD communities overseas the provision of alternative education is arranged on a case by case basis through local partnerships. Those partnerships include locally based MoD schools together with DCYP as a central point of support, guidance and potential funding for alternative arrangements where necessary and if possible due to local constraints, such as access to additional staff such as supply teachers.

Who is this policy directive for?

11. The statutory sections of the DfE guidance apply to governing bodies of maintained schools (excluding maintained nursery schools) etc. Within the context of MoD schools overseas the statutory sections are applied and adhered to through this DCYP policy directive.

12. The inclusion of the non-statutory advice, provided by DfE, is to assist and guide a range of stakeholders. MoD schools work with overseas commands, who have responsibilities as the 'local authority' and with Defence Primary Health Care (DPHC) and HQ BFG in lieu of clinical commissioning groups within the NHS and local authority commissioners of public health services, such as school nursing, health visiting etc.

13. Key stakeholders are parents, carers and pupils themselves as well as anyone who has an interest in promoting the wellbeing and academic attainment of children with medical conditions.

Key points

14. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

15. DCYP will ensure that arrangements are in place in MoD schools overseas to support pupils at school with medical conditions, including appropriate liaison and partnership working with all overseas commands which commission health services.

16. Head teachers and SGC chairs will ensure that school leaders consult with health and social care professionals as necessary, as well as pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

2 Introduction

General

1. On 1 September 2014 a new duty in England came into force for governing bodies etc to make arrangements to support pupils at school with medical conditions. The aim of that duty is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. DCYP fully endorses this aim.

2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going day to day support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in 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 schools will provide effective support for their child's medical condition and that pupils feel safe.

3. In making decisions about the support they provide, schools should establish relationships with relevant health providers, as commissioned for each command area. It is acknowledged that such provision is variable, particularly in isolated areas.

4. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils. DCYP policy is to promote the health and well-being of all service children and young people through the provision of directly managed services, such as MoD schools overseas, as well as through joint working with health services as commissioned through local command arrangements.

5. MoD schools overseas operate in a variety of locations with variable levels of local health provision. All school staff and SGC members are encouraged to consult with DCYP targeted services to clarify, question or seek support for any issues regarding their work with pupils who have medical conditions.

N.B. It is essential that consideration is given to JSP 770, part of which provides the framework for the 'MoD assessment of supportability overseas' (MASO) which is designed to assess whether the particular overseas locations is able to meet the needs of a member of a service family.

6. Pre-screening for a pupil's 'supportability' is an important part of assessing the appropriateness of any placement. It is acknowledged that while pre-screening is able to assess pre-existing conditions it is also the case that children may develop conditions, become ill, contract diseases etc while already overseas. The transfer of information between parents, education and health staff is crucial to arranging an appropriate response to any individual need.

7. 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 from school due to health problems can affect children's educational attainment, impact on their ability to integrate

with their peers and affect their general wellbeing and emotional health. Reintegration back 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 and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

8. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case DCYP will comply with the duties under that Act which is to make reasonable adjustments to support a pupil. **However, it should be noted that the boundaries of what constitutes a 'reasonable adjustment' can differ depending on the overseas location and the availability of local services**. Further government advice on this is available in the DfE document 'The Equality Act and Schools', May 2014 as well as through direct consultation with DCYP staff in the policy as well as the targeted services teams.

9. Some pupils may also have special educational needs (SEN) and may have a SEN statement, or a 'Service Child's Assessment of Need' (SCAN – which is the MoD system that parallels 'Education, Health and Care' (EHC) plans). SCAN documentation brings together assessment and planning for special education, health and social care for a pupil in the MoD context overseas.

10. For children with SEN, this guidance should be read in conjunction with the 2014 DCYP/MoD schools/SCE SEN policy and procedures. For pupils who have medical conditions that require SCAN plans, compliance with the 2014 SEN procedures will ensure compliance with the statutory elements of this guidance with respect to those children.

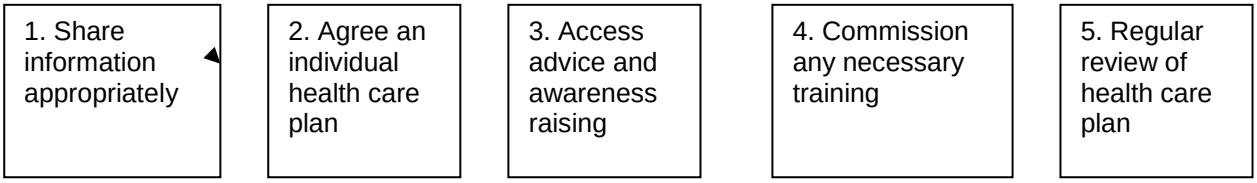
The role of the SGC

11. In meeting the duty to make arrangements to support pupils with medical conditions, oversight can be conferred on a SGC member or chair as appropriate. Help and co-operation can also be enlisted from other appropriate persons. We expect that a pragmatic approach to meeting the duty will be taken and will inform the school and others about what needs to be done in terms of implementation. The head teacher and chair of the SGC are both accountable for fulfilling their duty to pupils and support, oversight and governance of such will be provided by DCYP.

12. The head teacher and SGC must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, command representatives, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision as arranged locally. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

13. In making their arrangements, head teachers and SGCs should take into account that medical conditions maybe both supportable at school and affect the quality of life. In exceptional cases such conditions may be life-threatening. Some conditions will be more obvious than others. Staff should therefore ensure that the focus is on the needs of each

individual child and how their medical condition impacts on their school life. The five step process should always be kept in mind, regardless of the particular medical condition.



14. Head teachers and SGCs should ensure that a school policy and individual health plans give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should seek to ensure that staff can access appropriate awareness raising, ideally from health professionals, as well as highlight any training requirements which may need to be commissioned in order to provide the support that pupils need.

15. It is recognised that health care contracts do vary between different commands. The provision of necessary training may not be available from employed health professionals due to a lack of specialist staff – however, the MoD is in a unique position of having the responsibility and the liability across a range of services which include education, health and social care for children who are overseas in areas where there are MoD schools. It is vital that any issues regarding access to training are highlighted at the earliest opportunity to DCYP targeted services.

N.B. The lack of availability of MoD contracted health professionals should not result in a lack of safe and professionally competent training being available. This policy directive notes that the solution may require the commissioning of bespoke training on a case by case basis. Further advice and guidance should be sought from DCYP targeted services (which includes staff from what was SCE Pupil and Family Services and CEAS).

16. Children and young people with medical conditions should expect a full education and have the same rights of admission to school as other children. Where specialist health services are not available, such as in isolated detachments, and where that results in a child's medical needs being assessed as not being supportable then that decision should be transparently evidenced and recorded through the relevant 'command and additional needs' panel. Further information on pre posting assessment can be found within JSP 770 and through the pre posting MASO process where necessary.

17. All children must receive a full time education, unless this would not be in their best interests because of their health needs. A temporary requirement to provide flexible and part time education due to a health condition should not be the basis to decide that the pupil cannot be supported in the MOD school overseas in the longer term.

18. In line with their safeguarding duties, head teachers and SGCs should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. 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 to do so.

19. Head teachers and SGCs must ensure that the arrangements they put in place are sufficient to meet their responsibilities and should ensure that policies, plans, procedures

and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

School policy

20. Head teachers and SGCs should ensure that their school develops and implements a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. In developing their policy, schools may wish to seek advice from any relevant healthcare professionals. A template school policy is included in this policy directive at Annex E.

School level implementation

21. Head teachers and SGCs should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation**.** Details should include:

a. who is responsible for ensuring that sufficient staff are suitably trained

b. a commitment that all relevant staff will be made aware of the child's condition,

c. cover arrangements in case of staff absence or staff turnover to ensure someone is always available,

d. briefing for supply teachers,

e. risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and

f. monitoring of individual healthcare plans.

5 Procedure to be followed when notification is received that a pupil has a medical condition

1. Head teachers and SGCs should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition. Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change and arrangements for any staff training or support. Such arrangements can be locally agreed, however all school staff are encouraged to seek advice and guidance from DCYP targeted services. Transitions may be between overseas schools, from host nation to MoD schools, between the independent sector and MoD provision and may involve children who have never been resident in the UK.

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

3. It is recognised that access to relevant training for school staff can be challenging in overseas locations, particularly more isolated locations. It is also acknowledged that local health services may not have access to the same range of health professionals as a mainland health service in England. However, the principle is one of seeking early and appropriate advice and guidance. Advice and guidance should include locally based health professionals where they are available and/or DCYP targeted services. DCYP itself is not a health service but as the appropriate authority will support school staff and locally based health professionals to action/commission any training and support needs identified as required to support a school level health care plan for a pupil with a medical condition. An example of this is with childhood diabetes - where appropriate awareness raising and training has been commissioned by DCYP to support school staff overseas. Health professionals remain involved in the development of health care plans for individual children, however the arrangements required to support those plans can and do involve DCYP staff employed in 'targeted services'.

4. Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where there is conflicting evidence some degree of challenge may be necessary to ensure that the right support can be put in place.

6 Individual Healthcare Plans

(see also Annex D Med form 4)

1. Head teachers and SGCs will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions. Plans will 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 wellbeing, and minimises disruption.

Further advice:

Individual healthcare plans can help to ensure that schools effectively support pupils 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 a 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 an individual healthcare plan is provided at annex A.

2. The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while 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 in a format that is transparent and identifiable. 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 SEN but does not have a Service Child Assessment of Need (SCAN) or an Education, Health and Care plan (EHC), their special educational needs should be mentioned in their individual healthcare plan.

3. 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 nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils 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 and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

4. Where the child has a special educational need identified within SCAN or EHC plan, the individual healthcare plan should be linked to or become part of that SCAN documentation or EHC plan.

5. Where a child is returning to school following a period of hospital education then the school staff should automatically initiate or review the individual healthcare plan so as to identify the support the child will need to reintegrate effectively.

6. When deciding what information should be recorded on individual healthcare plans, the Head teacher and SGC should ensure that following are considered:

a. the medical condition, its triggers, signs, symptoms and treatments;

b. 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;

c. 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;

d. 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;

e. who in the school needs to be aware of the child's condition and the support required;

f. 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;

g. 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;

h. where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

i. what to do in an emergency, including whom to contact, and contingency arrangements. in overseas locations this will involve host nation emergency care arrangements and should always be devised with appropriate clinical advice for the specific child where necessary.

7 Roles and responsibilities

Advice on the Role of Head Teachers and SGCs

1. The head teacher and SGC should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

Further advice:
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 will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.
Some of the most important roles and responsibilities are listed below, but schools may additionally want to cover a wider range of people in their policy.

2. Head teachers and SGCs must ensure that arrangements are made to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.

3. SGC members can have an important role in liaising with local health providers to ensure that school staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Further advice on the role of SGCs:

SGCs should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

4. Head teachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers should ensure that all staff who need to know are aware of the child's condition and ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Where it is available they should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse. Where local commands do not have an identified school nurse then the head teacher should liaise with DCYP regarding contact with the command and/or DPHC

Advice on the Role of Parents

5. Parents should provide the school with sufficient and up-to-date information about their child's medical needs. 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. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Advice on the Role of Pupils

6. Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They 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 pupils will often be sensitive to the needs of those with medical conditions.

Advice on the Role of School Staff

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

Advice on the role of School Nurses

8. Every school should have access to some form of school nursing services. School nurses are employed within BFG and BFC. DCYP recognises that schools, foundation stage settings and nurseries should also have access to appropriate school nursing advice and guidance. Such arrangements may need to be negotiated on a case by case basis. Schools without access to a school nurse employed through health services should seek advice from their local medical centre as well as DCYP targeted services.

9. School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff in designing and implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

10. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also later paragraphs about training for school staff.

Advice on the role of Other Healthcare Professionals

11. Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. Where a school nurse service does not exist then they should explain to parents the need for parents to directly notify the school. Healthcare

professionals may provide advice on developing individual healthcare plans. Specialist local health advice should be provided to support children in schools with particular conditions (e.g. asthma, diabetes, epilepsy). Where such local health advice is not currently available then head teachers should seek further advice from DCYP staff in the policy and targeted services teams.

Advice on the role of Local Commands (in lieu of 'Local Authority')

12. The local commands seeks to mirror, as far as is possible, the local authority in terms of a range of services. Within England local authorities are commissioners of school nurses for maintained schools etc. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. While the act is not statutory for overseas locations the command will promote that same level of co-operation between organisations.

13. While 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) the command and/or DPHC/HQ BFG will need to ensure that joint arrangements are in place where required.

14. 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. Local commands will ensure that the required level of support advice and guidance is available to MOD schools, through the information provided by head teachers and SGC chairs.

15. Statutory guidance for local authorities is that they should be ready to make arrangements to provide full time education when it is clear that a child will be away from school for 15 days or more because of health needs. Overseas commands will support school based staff to provide a continuity of education, however the level of that provision will depend on local resources, i.e. where isolated schools have less opportunity to access supply or peripatetic support staff.

Advice on the role of Health Commissioners in lieu of Clinical Commissioning Groups (CCGs)

16. Clinical commissioning groups commission other healthcare professionals such as specialist nurses in order to be responsive to children's needs and able to co-operate with schools supporting children with medical conditions. CCGs 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).

17. CCGs do not exist overseas where local commands will commission healthcare and are in the unique position of also being the 'local authority'. Since 2013 local authorities in England have been responsible for commissioning public health services for school-aged children including school nursing. The local command therefore will fulfil the role of both

the CCG and the public health commissioner for issues relating to schools, such as school nursing etc

Advice on the role of Providers of Health Services

18. Providers of health services should co-operate with MOD 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.

Advice on the role of Ofsted

19. MOD schools are inspected by Ofsted using the common inspection framework which came into effect on 1 September 2015. Inspectors consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

8 Staff training and support

1. The school policy will note how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided. Local health staff should provide advice, guidance and ideally also awareness raising sessions for school staff. Training may have to commissioned separately and further advice and guidance is also available from DCYP targeted services regarding this.

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

Suitable training should have been 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, however awareness raising delivered by health staff to school staff is a valuable support. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

3. The relevant healthcare professional should normally support with 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. Even where training is not provided there is great value in health staff providing information and awareness raising for school staff. Further advice and guidance should be sought from DCYP targeted services where necessary.

4. 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.

5. Staff are not required to give prescription medicines. On a case by case basis it may be agreed between parents and a head teacher that prescription medicines may be given, i.e. in line with a health care plan which includes specific parental consent as detailed in Annex D Med form 1.

6. Healthcare professionals, including the school nurse, may be able to provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. **N.B. It is important to understand that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. However, First Aid is an important element of the overall provision in a school and the relevant First Aid courses are detailed at Annex G**

7. The school should arrange for whole-school awareness raising so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes

preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

8. The family of a child are often 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 parents should not be the sole 'trainer' for school staff.

Further advice:
In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans.

9. CPD in this area should be readily available and accurately recorded.

9 The child's role in managing their own medical needs

1. School policies should cover arrangements for children who are competent to manage their own health needs and medicines.

2. 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.

3. 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, relevant staff should help to administer medicines and manage procedures for them.

4. 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.

10 Managing medicines on school premises

1. The school policy should be clear about the procedures to be followed for managing medicines.

Further advice:
Although schools may already have such procedures in place, they should reflect 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. Schools should set out the circumstances in which non-prescription medicines may be administered

• 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. This is not the responsibility of the school to manage however it is a point to note in discussions with parents.

• schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, 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 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 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

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

• 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 pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held

• school staff may administer a controlled drug to the child for whom it has been prescribed. 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 in school

11 Record keeping

1. Written records should be kept of all medicines administered to children. A range of Annex's are included and together form the framework for school level records.

Further advice:

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. In addition to medical conditions it is also noted that parents should be routinely informed if their child has been unwell at school.

12 Emergency procedures

1. The school policy should set out what should happen in an emergency situation.

Further advice:
As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

2. 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 for that particular pupil and the procedure to follow. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

3. 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. Schools need to ensure they understand the local emergency services' cover arrangements, contact numbers and that the correct information is provided for navigation systems, e.g. the civilian address for an ambulance to find a barracks should be routinely displayed.

13 Day trips, residential visits and sporting activities

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

Further advice:

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.

2. 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. Please also see Health and Safety Executive (HSE) guidance on school trips.

3. School staff are reminded that liaison with garrison level colleagues may be necessary to ensure that home to school transport arrangements have the appropriate level of awareness and understanding regarding a pupils healthcare plan.

14 Unacceptable practice

1. The school's policy has to be explicit about what practice is not acceptable.

Further advice:
Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

• if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

• penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

• prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

• require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

• prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

15 Liability and indemnity

1. The MoD covers liability and indemnity in MoD schools. It is recognised that supporting pupils with medical conditions is an essential part of providing for children and young people. Equally it is recognised that staff are not required to provide such support in their contracts. For a realistic and valuable level of support to be provided for pupils with medical conditions there is a reliance on staff working in partnership with parents and children, health services etc to plan and deliver required support. Staff in MoD schools supporting this work should be reassured that as long as they follow advice and guidance, seeking appropriate advice as and when required, then they are fully supported by the MoD as a responsible employer.

16 Complaints

1. DCYP has a complaints process which all MoD schools adhere to.

Further advice:
Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement10, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17 Advice

1. Governing bodies may want the school's policy to refer to:

   a. home-to-school transport – this is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans11 for pupils with life-threatening conditions;

   b. defibrillators – sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

   c. Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. DfE has put arrangements12 in place to assist schools in purchasing defibrillators at reduced cost. If schools install a defibrillator, they should notify the local NHS ambulance service of its location.

   d. Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike; and

   e. asthma inhalers – schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocols which provides further information.

Further sources of information
Safeguarding and other legislation

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

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.
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.

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.

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.

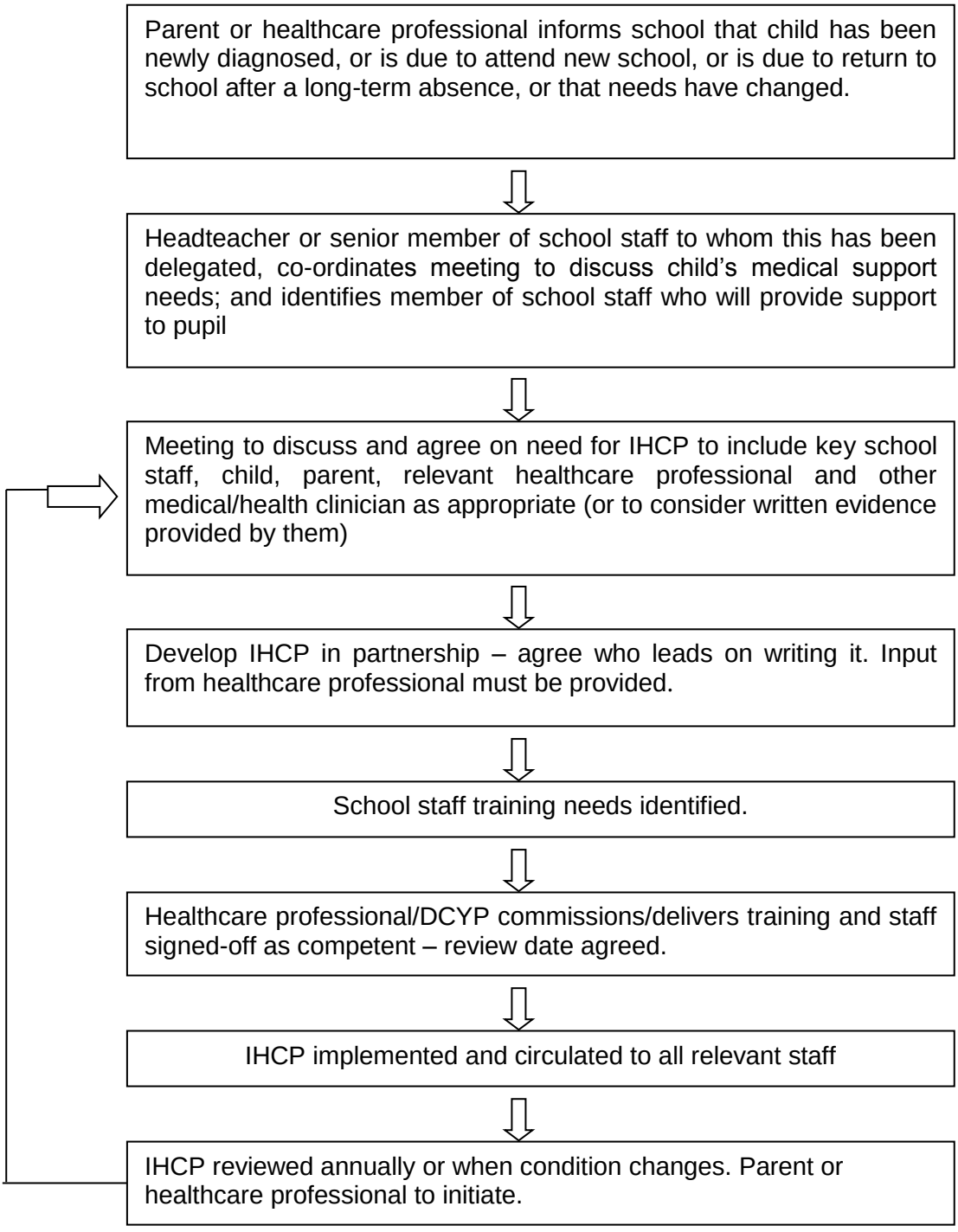
The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible. **Section 3A** provides for a CCG to arrange such services as it 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.
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

Other relevant legislation
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.
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.
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.
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).
The Special Educational Needs and Disability Code of Practice14
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 is in a child's best interests because of their health needs.

Annex A Model process for developing individual healthcare plans



Annex B Aide Memoire

When it may be necessary to administer medication to school pupils

Pupils should not be denied access to the National Curriculum simply because they require medication or medical support.

It may be necessary to administer medication to pupils whilst on school trips. In general, pupils with medical conditions should not be excluded from school trips unless there are sound medical or health and safety reasons.

- The majority of children who have medical needs are able to attend school regularly and do not have to undergo extended periods of treatment.
- Parents of new pupils are required to complete details on the SCE Pupil Admission Form to provide the school with information about individual medical needs. It is the duty of parents to return this form promptly so that any necessary preparations can be made.
- Information supplied by parents is transferred to the Medical Needs Register which lists the children class by class. A copy of the class Medical Needs Register is kept inside the class attendance register so that it can be referred to easily. Support staff have full copies of the Medical Needs Register as they may be working with children from several different classes.
- Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know what precautions to take and how to react in an emergency.
- Before taking children off the school premises, the member of staff in charge will check that any medication or equipment that needs to accompany pupils is safely packed.
- The Parent is responsible for supplying the school with adequate information regarding their child's condition and medication.
- Schools / Settings should request that parents provide a separate supply of medication for school. This may be facilitated by their doctor or pharmacist for long- term medication such as anti-epileptics (e.g. Epilim), but may not be possible for acute treatments e.g. antibiotics. Each item of medication must be delivered to the Headteacher or Authorised Person in a secure and labeled container as originally dispensed. Items of medication in unlabeled containers will not be accepted.
- This information must be in writing, signed by a responsible person (e.g. parent / carer / guardian / authorised adult), current and in agreement with the dispensing label, so that procedures for each individual pupil's medication are known. It is recommended that each school has a standard set of forms for this purpose[21]. The information should be updated termly if medication is altered, newly prescribed or no longer required according to the child's MO or consultant and should include:
    - Name of medication
    - Pupil's name
    - Dosage
    - Dosage frequency
    - Date of dispensing

    - Storage requirements (if important)
    - Expiry date (if available)
- All items of medication should be delivered, where possible, directly to the school by a responsible person and recorded in the Medication Administration Records File. This file will include a record of all medications administered in school. Where possible, medication should not be transported with the child.
- Prescribed medication is kept in the office and is taken under supervision. Prescribed medicines are only administered in specific circumstances and parents must reach an agreement with the school before sending in medication. It is the responsibility of parents to ensure that medicines are not out of date.
- Where there is no nurse on site, it is recommended that no more than one week's supply of medication is stored in school. There may be occasions when this is not possible.
- Children with more complex medical needs will require a health care plan (HCP).This will be drawn up in consultation with parents and HCP professionals. A delegated member of the support staff will supervise the carrying out of the plan.
- Pupils who have to carry out regular exercise programmes will be supervised by a member of staff who will have received training from an appropriate professional. Where necessary, pupils will be provided with an exercise bed and a degree of privacy whilst carrying out their exercises.
- Pupils who need special arrangements for toileting will be assisted by a trained member of staff and will use one of the school's specially adapted toilets. Protective gloves and aprons are provided for staff and there are procedures in place for the disposal of soiled nappies and used catheters. Pupils are encouraged to develop as much independence as possible in connection with toileting.

Annex C Managing Absence

Absence as a result of a medical condition

- In cases where pupils are absent for periods less than 15 working days, parents will follow the normal arrangements for informing the school. If the length of the period of absence can be anticipated, then it may be appropriate for the school to provide the pupil with a pack of work to do at home.
- Where an absence exceeds 15 working days, the school will inform DCYP, via the PEP as part of Targeted Services. Parents will need to provide the school with a letter from a medical practitioner containing details of the medical condition or intervention and information about the estimated period of absence.
- If a pupil is to be admitted to hospital for a period longer than 5 working days, then the school's named person will consult with colleagues about ensuring continuity of education.

Arrangements for access to education in the case of long-term absence

- It is essential that parents / carers inform the school at the earliest opportunity and particularly if it is anticipated that an absence will be long-term (exceeding 15 working days).
- When an absence of more than 15 working days can be predicted, arrangements for continuing the pupil's education will be made by the named person in conjunction with the class teacher and through taking advice from the Senior Educational Psychologist, DCYP targeted services.
- In cases where a child has recurrent or regular treatment and is away from school for a number of shorter periods, the named person will make every effort to organise provision for the pupil in question to ensure continuity of education.
- The school, with the parents' co-operation, will maintain contact with pupils unable to attend. In certain instances a child's class teacher may be able to send material home that will help to keep the absent pupil up to date with topics being covered in class.
- The school will continue to monitor the progress of pupils unable to attend. This will be done through discussion with parents working with the child out of school and by examining work samples (where appropriate). In cases of extended absence the named person will arrange for a review to be held, attended by the pupil's parents and the class teacher.
- In exceptional circumstances where the child is being educated at home with support from school, then additional may be available and access to that is via the PEP at DCYP.

Reintegration following absence for medical treatment

- As with the notification of absence, it is very important that parents give the school as much notice as possible about the pupil's date of return to school.
- The school will draw up an individually tailored reintegration plan in advance of the pupil's return to school. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will

be given appropriate training. It is essential that all agencies involved with the pupil contribute to the drawing up of the plan. In some cases it will be necessary to have outside professionals on site when the child first returns.

- For some children, reintegration will be a gradual process. A pupil may start with a short visit to school and gradually increase the time spent in class as s/he builds up stamina. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any safety issues that need to be resolved before a date is fixed for the pupil's return.
- The School Nurse, if one is employed within the terms of the command level health contract, should be informed of the pupil's return following absence for medical reasons.
- If it seems as though a pupil will have significant medical needs for the foreseeable future, it may be necessary to consider making a request for assessment under the Code of Practice. The MOD process for that is the Service Child Assessment of Need (SCAN) process, advice on which is available via the link Senior Educational Psychologist. Consultation with the parents on this matter is essential.

Annex D MED FORMS

MED FORM 1 - MOD Schools - REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

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

The school / setting will not give your child a non-prescription medicine under any circumstances. The medicine should be packed and labeled professionally (with the patient information leaflet included) and kept in a clean and hygienic state. Where possible, not more than one week's supply should be sent at once. The pharmacist's original container is suitable but it must contain details of the frequency of administration and the expiry date.

DETAILS OF SCHOOL

School name & tel no	
Contact person & tel no	

DETAILS OF PUPIL

Surname:			
Forename(s)			
Unit Address			
Male / Female		Date of birth	
Class teacher			
Condition			

MEDICATION

Name of medicine:			
Duration of treatment			
Dosage & method of administration			
Timing			
Self-administration?	Yes / no	Date of prescription	

Emergency Procedures:	
Parent / carer contact details:	Name: Daytime Telephone No: Address: Relationship to pupil:

DECLARATION

I confirm that my child's Doctor has stated that (s)he considers it is necessary for the medication to be taken during school hours.

Signature of parent/carer and date signed	

MED FORM 1a - MOD Schools - CONFIRMATION OF THE HEADTEACHER'S AGREEMENT TO ADMINISTER MEDICATION

The medicine should be packed and labeled professionally (with the patient information leaflet included) and kept in a clean and hygienic state. Where possible, not more than one week's supply should be sent at once. The pharmacist's original container is suitable but it must contain details of the frequency of administration and the expiry date.

The school / setting will not give your child a non-prescription medicine under any circumstances.

I agree that	Name of Child
will receive	Name of Medication
every day at	Time

She / he will be given / will be supervised whilst he / she takes their medication by

Name of member of staff

This arrangement will continue until	Date

Date & signature of Headteacher or Named / Authorised Member of Staff)	

A copy of this form should be retained by the parent / carer and with the school's medical records.

MED FORM 2 - MOD Schools - RECORD OF MEDICINE ADMINISTERED IN SCHOOL (one form per pupil)

Pupil	Date/Time	Medication	Dose	Reactions/Comments	Signature	Print Name

NB. It is essential that there is appropriate staff training and/or appropriate advice before a member of staff administers medication.

MED FORM 3 - MOD Schools - REQUEST FOR A PUPIL TO CARRY MEDICATION IN SCHOOL

This form must be completed by parent(s) / carer(s)

If staff have any concerns discuss this request with healthcare professionals

DETAILS OF SCHOOL / SETTING

School name & tel no	
Contact person & tel no	

DETAILS OF PUPIL

Surname:			
Forename(s)			
Unit Address			
Male / Female		Date of birth	
Class teacher			
Condition			

MEDICATION

Name of medicine:			
Duration of treatment			
Dosage & method of administration			
Timing			
Self-administration?	Yes / no	Date of prescription	

DETAILS OF PARENT / CARER

Name: Daytime Telephone No: Address: Relationship to pupil:

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

I confirm that my child's Doctor has stated that (s)he considers it is necessary for the medication to be taken during school hours.

Parent / carer signature	
Relationship to pupil:	

IMPORTANT INFORMATION

The medicine should be packed and labeled professionally (with the patient information leaflet included) and kept in a clean and hygienic state. Where possible, not more than one week's supply should accompany the child.

The pharmacist's original container is preferable, but it must contain details of the frequency of administration and the expiry date.

MED FORM 4 - MOD Schools - HEALTHCARE PLAN FOR PUPILS WITH MEDICAL NEEDS

DETAILS OF SCHOOL

School name & Tel No	
Contact person & Tel No	

DETAILS OF PUPIL

Surname:			(Photograph)
Forename(s)			
Male / Female			
Date of birth			
Class / Form			
Medical Condition			
Agencies Involved			
Date plan started		Review date	

MAIN FAMILY CONTACT

Name & Relationship			
Tel No Home		Tel No Work	
Mobile Phone No(s)			

FAMILY CONTACT 2

Name & Relationship			
Tel No Home		Tel No Work	
Mobile Phone No(s)			

FAMILY CONTACT 3 – to be used when parent is away from usual place of work

Name & Relationship			
Tel No Home		Tel No Work	
Mobile Phone No(s)			

DETAILS OF MEDICAL CENTRE

Health Professional & Tel No	
Medical Centre and Tel No	

DETAILS OF PUPIL'S NEEDS & CONDITION

Description of medical needs and child's symptoms	

Description of daily care requirements (before / after sports or meals etc)	

Description of what constitutes an emergency and action to take	

Follow-up care	

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

PARENTAL RESPONSIBILITY

- Parents will inform the school of any changes in the child's condition, required medication or dosage, in writing.
- Parents will provide the correct medication clearly labelled with the child's details, in the original dispensed container.
- Parents will check medicine regularly to ensure that it is not past its "expiry date" and is usable.
- In the case of Anaphylaxis parents will regularly remind their child to avoid the know allergen and any substance / foods that may initiate an adverse reaction.
- In the case of Anaphylaxis parents will provide a suitable packed lunch and snack, or give written consent to their child receiving a school meal and where appropriate talk with the School Catering Service.
- Parents should give consideration to the child's transport requirements with regard to their ongoing medical needs.

DECLARATION

Signature of parent or carer and date signed	

Signature of Headteacher and date signed	

Signature of Healthcare Professional and date signed	

Signature of pupil (where appropriate) and date signed	

MED FORM 5 - MOD Schools - AUTHORISATION FOR THE ADMINISTRATION OF RECTAL DIAZEPAM TO ACCOMPANY A HEALTH CARE PLAN

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

DETAILS OF SCHOOL

School name & tel no	
Contact person & tel no	

DETAILS OF PUPIL

Surname:			
Forename(s)			
Unit Address			
Male / Female		Date of birth	
Class teacher			

MEDICATION

should be given mg of Rectal Diazepam as follows:

If he has a *prolonged epileptic seizure lasting over minutes

OR

If he has serial seizures lasting over minutes.

An **Ambulance** should be called for if the seizure has not resolved after … minutes.

Signature of parent or carer and date signed	

Annex E SCHOOL POLICY TEMPLATE

This school is an inclusive community that welcomes and supports pupils with medical conditions and provides pupils with medical conditions the same opportunities as other at school.

Key points:

- We make sure all staff understand their duty of care to children and young people in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency.
- This school understands that certain medical conditions are debilitating and can be potentially life threatening, particularly if poorly managed or misunderstood.
- Our school staff understand the importance of medication and care is taken when agreeing healthcare plans with parents to include appropriate advice from health professionals.
- All staff understand which medical conditions affect which pupils at this school. Staff receive training on the impact medical conditions can have on pupils.
- The named member of school staff responsible for this medical conditions policy and its implementation is ……

School Policy framework

The school policy follows the DCYP/MOD schools policy directive – 'Supporting pupils at school with medical conditions' 2016.

1. This school is an inclusive community that supports and welcomes pupils with medical conditions and arrange for them to have the same opportunities and access to activities (both school based and out-of-school) as other pupils.

1.1 This school will listen to the views of pupils and parents to ensure that the level of care is appropriate to a child's needs.

1.2 Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

1.3 All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

1.4 We work with MOD commissioned health providers to understand and support individual healthcare plans.

1.5 This school understands that all children with the same medical condition will not have the same needs.

1.6 The school recognises that while the duties in the Children and Families Act (England only) and Equality Act (England, Wales and Scotland) are not incorporated into service law they do relate to children with a disability or medical condition and as such we will make reasonable adjustments within the local context of overseas locations.

2. This school's medical conditions policy involves pupils, parents, school staff, members of the SGC, and where available MOD commissioned school nurses and other relevant supporter organisations.

3. All children with a medical condition will have an individual healthcare plan (IHP), detailing exactly what care a child needs in school, when they need it and who is going to give it.

3.1 The IHP includes information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

3.2 The IHP is drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals and any specialists that a child may have.

3.3 Parents at this school understand that they should let the school know immediately if their child's needs change.

4. All staff understand what to do in an emergency for children with medical conditions at this school.

4.1 All school staff, including temporary or supply staff, are appropriately aware of health care plans at this school and understand their duty of care to pupils in an emergency.

4.2 All staff receive training in what to do in an emergency and this is refreshed at least once a year.

4.3 A child's IHP should, explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

4.4 If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and, depending on the circumstances, staff conduct will be considered.

4.5 All staff understand and are trained in the school's general emergency procedures.

4.6 All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.

4.7 If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. Staff will not take pupils to hospital in their own car.

5. This school has clear guidance on providing care and support and administering medication at school.

5.1 This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.

5.2 This school will make sure that there are more than one member of staff who have been trained to administer the medication and meet the care needs of an individual child. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. Appropriate levels of insurance and liability cover are in place.

5.3 This school will not give medication (prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

5.4 When administering medication this school will check the maximum dosage and when the previous dose was given. Parents will be informed. This school will not give a pupil under 16 aspirin unless prescribed by a doctor.

5.5 This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

6. This school has clear guidance on the storage of medication and equipment at school.

6.1 This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away.

6.2 Pupils may carry their emergency medication with them if they wish/this is appropriate.

6.3 Pupils may carry their own medication/equipment, or they should know exactly where to access it.

6.4 Pupils can carry controlled drugs if they are competent, otherwise this school will keep controlled drugs stored securely, but accessibly, with only named staff having access.

6.5 Staff at this school may administer a controlled drug to a pupil only once they have had appropriate training, e.g. by an appropriate healthcare professional.

6.6 This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.

6.7 This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

6.8 Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

6.9 This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local healthcare procedures.

6.10 This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

7. This school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP.

This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

8. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

8.1 This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.

8.2 This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

8.3 All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

9. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

9.1 This school is committed to identifying and reducing triggers both at school and on out-of-school visits.

9.2 School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.

9.3 The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

9.4 This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

10. This school has clear guidance about record keeping.

10.1 Parents at this school are asked if their child has any medical conditions on the enrolment form.

10.2 This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

10.3 This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.

10.4 IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.

10.5 The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

10.6 This school makes sure that the pupil's confidentiality is protected.

10.7 This school seeks permission from parents before sharing any medical information with any other party.

10.8 This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

10.9 This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

10.10 This school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

11. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work to ensure that the child receives the support they need to reintegrate effectively.

This school works in partnership with all relevant parties including the pupil (where appropriate), parent, SGC, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

12. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

This school is committed to keeping in touch with a child when they are unable to attend school because of their condition

13. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

Further information and advice is available from DCYP – targeted services; locally based MOD commissioned health services as well as generally online at www.medicalconditionsatschool.org.uk

Annex F MOD/SCE Schools Personal Emergency Evacuation Plan

Personal Emergency Evacuation Plan (PEEP)Template for children and young people in schools and nurseries

This form should be completed for anyone who requires assistance with any aspect of emergency evacuation. Once developed, the PEEP will describe the child's intended means of escape in the event of emergency, including drills. The PEEP will specify what type of assistance is agreed and how it is to be maintained to ensure the pupil's continued safety and should include assistance required from the point of raising the alarm to passing through the final exit of the building.

A completed form should be held:

- In the Pupil's personal records
- By the Headteacher/Responsible Person for Fire Safety
- Any other 'competent Person for fire safety' at the school
- By the Class teacher/school office
- In the school fire log book

Note: This plan must be reviewed on an annual basis (at least) and when a significant change in circumstances (of the building or pupil) is anticipated or identified. Further advice can be sought via DCYP – health and safety advisor.

Pupil's Name:			
School/Nursery setting			
Location of relevant room/s in building:			
Teacher/Key worker Name:		**Tel: Ext No:**	
Completed by:		**Date completed:**	
Expected review date:		**Reviewed by:**	

Points to consider: In preparation for completing details in this form, consider the following; discuss with the parents/guardian and, if appropriate, the pupil.

Question	Answer	Comments
Does the pupil change classrooms during the course of the day, which takes them to more than one location within the building and other buildings?		
Do they have difficulties reading and identifying signs that mark the emergency exits and evacuation routes to emergency exits?		
Does the pupil have any difficulties hearing the fire alarm?		

Are they likely to experience problems independently travelling to the nearest emergency exit?		
Does the pupil find stairs difficult to use?		
Are they dependent on a wheelchair or other walking aid for mobility?		
If the pupil uses a wheelchair would they have problems transferring from the wheelchair without assistance?		

A: Alarm System.

1. The pupil is able / unable to raise the alarm (delete as appropriate).

If the pupil is unable to raise the alarm independently, please detail alternative procedures agreed. If able give brief description of how.

2. The pupil has been informed of an emergency evacuation by:

existing alarm system:	☐	vibrating pager device:	☐
visual alarm system:	☐	other: (please specify)	☐
Give Details:			

B: Exit Route Procedure (progress starting from when the alarm is raised and finishing on final exit).

C: Designated Assistance (details of all persons designated to assist in the evacuation plan and the nature of assistance to be provided by each).

D: Method of Assistance (e.g. transfer procedures, methods of guidance)

E: Equipment Provided (details of all equipment needed to execute the plan and its location).

F: Training on use of equipment:

Date	Comments

G: Safe route(s) (description of all the safe routes that can be used).

N.B. A copy of the building plan with routes clearly marked may be useful.

	Yes	No
Have the route(s) been travelled by the pupil and responsible person?	☐	☐
Has a copy of the exit route on plan been attached?	☐	☐
Has the equipment detailed above been tried and tested?	☐	☐
Have all issues been completed to full satisfaction?	☐	☐
Has a copy of this form been sent to the person responsible for the fire evacuation?	☐	☐
Has the fire safety competent person informed all relevant staff of these arrangements? i.e. Class teacher, support assistant.	☐	☐

Record the length of time of practice evacuation. _____ mins

____ minutes

If *No* to any of the above please explain:

I (pupil/parent/guardian) am/are aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above, (a parent is to sign this off on behalf of a minor):

Child/Young person Signature: (if age appropriate to obtain)		Date:	
Pupil Name:			
Parent Signature:		Date:	
Parent Name:			
Headteacher Signature:		Date:	
Headteacher Name:			

List of people who have received a copy of this completed document:

Annex G First Aid

Two separate Paediatric First Aid courses are delivered to staff in SCE schools and nurseries

Emergency Paediatric First Aid Course

This course is the entry level Paediatric First Aid course and forms the unit 1 of the full Paediatric first aid course. In many situations, e.g. if you work in early years provision and are registering with Ofsted, you will need the full two day or one day online followed by one day in the classroom first aid course.

On completing this course students can then complete the unit 2 course and receive the full Paediatric First Aid Award. Please be advised that the classroom course has a minimum age requirement of 16.

Emergency Paediatric First Aid Course Aims and Learning Outcomes:

1 Understand the role and responsibilities of the paediatric first aider
2 Be able to assess an emergency situation safely
3 Be able to provide first aid for an infant and a child who is unresponsive and breathing normally
4 Be able to provide first aid for an infant and a child who is unresponsive and not breathing normally
5 Be able to provide first aid for an infant and a child who has a foreign body airway obstruction
6 Be able to provide first aid to an infant and a child with external bleeding
7 Understand how to provide first aid to an infant and a child who is suffering from shock
8 Understand how to provide first aid to an infant and a child with anaphylaxis

Groups who may require this course:

Parents; Families; Childminders; Nannies; Au Pairs; Learning Support Assistants; Bus escorts etc

Paediatric 12 Hour Infant / Child First Aid Level 3

This course meets and exceeds the requirements laid down by Ofsted etc people needing a 2 day 12 contact hour first aid course for infants and children. This includes childminders and carers. The HSE recommend that all first aiders complete an annual first aid refresher courses and the online course meets this requirement. This course is accredited when delivered and is also recognised by most local authorities across the UK. Please be advised that the classroom course has a minimum age requirement of 16.

Course Aims and Learning Outcomes:

Unit 1: Emergency Paediatric First Aid

1 Understand the role and responsibilities of the paediatric first aider
2 Be able to assess an emergency situation safely
3 Be able to provide first aid for an infant and a child who is unresponsive and breathing normally
4 Be able to provide first aid for an infant and a child who is unresponsive and not breathing normally
5 Be able to provide first aid for an infant and a child who has a foreign body airway obstruction
6 Be able to provide first aid to an infant and a child with external bleeding
7 Understand how to provide first aid to an infant and a child who is suffering from shock
8 Understand how to provide first aid to an infant and a child with anaphylaxis

Unit 2: Managing paediatric illness and injury

1 Be able to administer first aid to an infant and a child with injuries to bones, joints and muscles
2 Be able to administer first aid to an infant and a child with head and spinal injuries
3 Understand how to administer first aid to an infant and a child with conditions affecting the eyes, ears and nose
4 Understand how to administer emergency first aid to an infant and a child with a chronic medical condition or sudden illness
5 Understand how to administer first aid to an infant and a child who is experiencing the effects of

extreme heat or cold

6 Understand how to administer first aid to an infant and a child who has sustained an electric shock
7 Understand how to administer first aid to an infant and a child with burns or scalds
8 Understand how to administer first aid to an infant and a child who has been poisoned
9 Understand how to administer first aid to an infant and a child who has been bitten or stung
10 Understand how to administer first aid to an infant and a child with minor injuries
11 Understand how to complete records relating to illnesses, injuries and emergencies

Occupations that may requires this course:

Childminders; Teachers; Nursery workers; School nurses; School admin staff; etc

To book a place please contact Mark Harris at HQ SCE etc