

St Monica's RC Primary School

Supporting Pupils with Medical Conditions Policy



Here at St. Monica's, we recognise that we are all cherished members of God's family.

We love and care for one another, and trust God to guide us in all we do and say.

By learning together, we aim to achieve and working together, we will succeed.

Date policy last reviewed: October 2024

Signed by:

_____ Headteacher Date: _____

_____ Chair of governors Date: _____

Last updated: August 2024

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Statement of intent

The governing board of St Monica's RC Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

2. Roles and responsibilities

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the

health of that pupil or others to do so, such as where the child has an infectious disease.

- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Keeping a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

No member of staff is under obligation to administer medicines but may choose to do so of their own volition. No member of staff should be pressurised or coerced into giving medication.

The school nurse will be responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

3. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, an IHP will be put in place.

If needed and where appropriate, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the IHP and support needed, outlined in detail in the [IHPs](#) section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

5. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training may be provided by the following bodies:

- **Commercial training provider**
- **The school nurse**
- **GP consultant**
- **The parents of pupils with medical conditions**

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

6. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, parents will be informed so that alternative options can be considered.

7. IHPs

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and where appropriate, a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, symptoms, medication and what to do in an emergency

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

8. Managing medicines

Medicines will only be administered at school when they have been prescribed and it would be detrimental to a pupil's health or school attendance not to do so.

However, where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.

If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign either a parental agreement form for school to administer short term medicine or an IHP for longer term conditions.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent.

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP. Parents should be informed, via telephone, before the medication is administered and recorded in the same way as routinely agreed medication.

The school will only accept medicines that have been prescribed, are in-date, labelled with the child's name, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Pupils will never be prevented from accessing their medication.

Sharps boxes will be used for the disposal of needles and other sharps.

The school will hold spare asthma inhalers for emergency use. One will be stored in the KS1 building in the staffroom and the other in the school office. These will be checked on a **termly** basis to ensure they are in date. For those children who have asthma or have been prescribed an inhaler, permission will be sought from parents to use the spare inhaler in an emergency.

Records will be kept of all medicines administered to individual pupils, stating what, how much medicine was administered, when, and by whom.

St. Monica's RC Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

Where a pupil has been prescribed an AAI, this will be written into their IHP and these will be stored in a suitably safe location in the child's classroom.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the

nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a **termly** basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in **the office**, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the medication record:

- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

10. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

11. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

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

12. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought where appropriate from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

13. Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to another classroom or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

14. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

15. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

16. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

17. Defibrillators

The school has an automated external defibrillator (AED). The AED will be stored outside the Headteacher's office.

All staff members will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed **annually**.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, some staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

18. Monitoring and review

This policy is reviewed on an **annual** basis by the governing board, school and headteacher. The policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is October 2025.

Appendices

A: Individual Healthcare Plan – for any child with an ongoing medical condition

Long Term Care Plan Form

Student's name

3. Medication use time (if applicable)

Medical condition

Self administration

- Yes
 No

Is this an ongoing condition?

- Yes
 No

Date medication(s) dispensed by pharmacy

Medication name(s)

Medication expiry date(s)

Dosage of medication(s)

Special precautions

EXAMPLE: Medication should be taken before/ after lunch.

1. Medication use time (if applicable)

2. Medication use time (if applicable)

Student's condition and individual symptoms

Daily care requirements

Procedures to take in an emergency

Follow up care (if applicable)

GP Details/ medical professionals working with your child

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Additional information (if needed)

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Using the information provided we will create a long term care plan for your child. We will let you know when this is ready to be reviewed and authorised by you.

DETAILS OF PERSON COMPLETING THIS FORM:

Name	Date
<input type="text"/>	<input type="text"/>
Email address	Signed
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY: RECORDED ON MEDICAL TRACKER:

Original saved on Google Drive

B: Parental Agreement for the School to Administer Short Term Medicine

Administration of short term medication form.

The school will not give your child medicine unless you complete and sign this form.

Before administering this medication, please check the following information:

Name of child:		Medication name:	
Dosage:		Time to be administered:	
Date and time of first dosage to be administered:		Date and time of final dosage to be administered:	

Name of pupil	
Date of birth	
Class	
Medical condition or illness	

Name of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions and instructions	
Side effects	
Self-administration yes/no	
Procedures for an emergency	

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Name of person completing this form	
Telephone number	
Relationship to pupil	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature _____

Date _____

C: Record of Medicine Administered to an Individual Pupil

Name of pupil	
Class	

Date					
Name of medication given					
Time given					
Dose given					
Name of staff member					
Staff signature					

Date					
Name of medication given					
Time given					
Dose given					
Name of staff member					
Staff signature					

Date					
Name of medication given					
Time given					
Dose given					
Name of staff member					
Staff signature					

Date					
Name of medication given					
Time given					
Dose given					
Name of staff member					
Staff signature					

D: Permission to use Emergency Inhaler Consent Form



St Monica's RC Primary School

**Letter of consent for use of School Emergency Salbutamol
Inhaler**

Please only complete if your child has either been diagnosed with asthma and prescribed an inhaler, or has been prescribed an inhaler as reliever medication.

Child's Name	
Class	
Date	

Schools are now able to keep a 'Salbutamol' inhaler for use in emergencies if a child is showing signs of asthma/ having an asthma attack. As your child is on the Asthma Register and we have a Healthcare plan in place for them we ask that you give permission for the Emergency inhaler to be administered should the occasion arise. Please complete the form below and return to school.

- I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
- My child has a working, in-date inhaler, clearly labelled with their name which they will bring to school every day.
- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held in school for such emergencies.

Parent/Guardian

Signature: _____ Date: _____

Name of Parent/Guardian

(printed): _____

E: Contacting Emergency Services

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

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

- Your telephone number – **0161 748 3353**
- Your name.
- Your location as follows: **St. Monica's RC Primary School, Woodsend Road South, Flixton, M41 6QB**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone and in the school office.