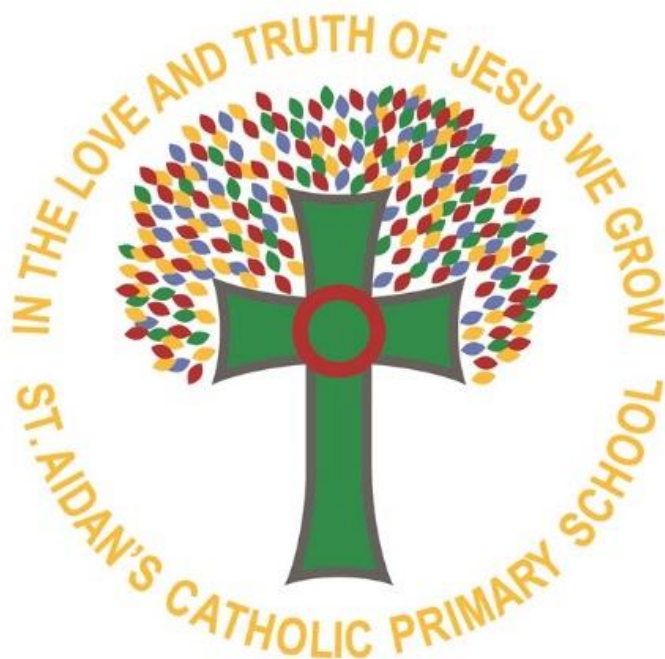


St Aidan's Catholic Primary School



"In the love and truth of Jesus we grow."

Supporting Pupils with Medical Needs

Date Reviewed:	Review Date:
January 2024	January 2025
Julie Teer Acting Headteacher	Ann Howe Chair of Governors

At St Aidan's Catholic Primary School, the following day to day procedures are to be followed:

- 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 parents' 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;
- We will not routinely administer non-prescription medicines, such as paracetamol or ibuprofen, apart from on residential school trips, when permission has been given or if they are needed to make a child more comfortable eg. eczema cream, eye drops. Permission will need to be given by the parents/carers (as for other medication) and records will be kept.
- Aspirin will not be administered by school staff.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- St Aidan's Catholic Primary School will only accept prescribed medicines, with written permission from parent/carer that 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 be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely in the staffroom fridge or the school office.
- Medicines which require refrigeration are stored in the fridge in the staffroom in a sealed, labelled box.
- Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens are always readily available and not locked away. Asthma inhalers are marked with the child's name and kept in a box in each classroom. Diabetic medication is kept in each classroom in a special, identified bag. Adrenaline pens are kept in the main school corridor in the medical box labelled Epi Pens. EYFS will keep any Epi Pens in the Nursery cupboard labelled - medication.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- Staff administering medicines should do so in accordance with the prescriber's instructions. They will 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. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;

- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Useful Documents

Document	
'Supporting pupils at school with medical conditions' (DfE)	<u>'Supporting pupils at school with medical conditions'</u>
'Guidance on the use of emergency salbutamol inhalers in school' (DoH)	<u>'Guidance on the use of emergency salbutamol inhalers in school'</u>
'Guidance on the use of adrenaline auto-injectors in Schools' (DoH)	<u>Guidance on the use of adrenaline auto-injectors in Schools</u>
'Reasonable Adjustments for Disabled Pupils Guidance for Schools in England' (Equality and Human Rights Commission) <i>(NB Applicable to all children and young people with additional needs, not just physical and health needs)</i>	<u>https://www.equalityhumanrights.com/sites/default/files/reasonable_adjustments_for_disabled_pupils_1.pdf</u>
'Data protection: a toolkit for schools' (DfE) <i>(p74 - information on record retention periods for medical records)</i>	<u>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/747620/Data_Protection_Toolkit_for_Schools_OpenBeta.pdf</u>
'Medicines Optimisation - Guidance: Non-Prescribed Medicines in Schools'	<u>https://drive.google.com/open?id=1COplVc0AU-TqKEJ_fSPEiR9mouuSp11c</u>
NHS Child Health App for parents	<u>https://apps.apple.com/gb/app/nhs-child-health/id1113584434</u> or via the google store

Useful Contacts

Further information, including details of those services mentioned in the table below, can be found on the following websites:

[Northumbria Healthcare NHS Foundation Trust](#)

[Northumberland County Council](#)

Name	Contact Details
Public Health Nurse (School Nurse)	Child Health Centre, Wansbeck Hospital, Ashington – 01670 564048

	<p>Eddie Ferguson House, Blyth – 01670 629670 Corbridge Health Centre, Hexham – 01434 636939 Prudhoe Health Centre, Prudhoe – 01661 832512 Tweedmouth Clinic, Berwick – 01289 356962 Broomhill Health Centre, Amble- 01670 761908 Morpeth NHS Centre – 01670 500939 Can assist with anaphylaxis, continence training and support</p>
Children’s Community Nurse	01670 564070
Community Paediatrician Service	<p>Morpeth/Ashington/Berwick Wansbeck Child Health Centre - 01670 564030</p> <p>Blyth/Cramlington Paediatric secretaries - 01670 396467</p> <p>Tynedale/Hexham Hexham General Hospital - 01434 655395</p>
Special School Nurse	<p>Team Lead, Elaine Davies – 0191 6432591 Hexham Priory School – 01434 613440 Barndale School – 01665 602541 The Centre, Josephine Butler Campus – 01670 844322 The Grove School, Berwick Upon Tweed – 01289 306390</p>
Specialist Epilepsy and Diabetes Nurse	Contact via switchboard at North Tyneside General Hospital Tel: 0344 811 811.
Designated Clinical Officer	<p>Sam Barron Tel: 01670 622747 Email: Samantha.Barron@northumberland.gov.uk</p>
Special Education Needs and Disabilities (SEND)	sen@northumberland.gov.uk
Occupational Therapist	<p>Children’s physical disability occupational therapy service Northumbria Healthcare NHS Foundation Trust Child health Woodhorn Lane Ashington NE63 9JJ Tel: 01670 564050</p>
Physiotherapist	sylvia.tingate@northumbria-healthcare.nhs.uk
NCC Corporate Health and Safety Team	01670 623854

AsthmaUK and Beat Asthma (see resource for Schools)	
Epilepsy Society	
Epilepsy Action	
Diabetes UK	
Anaphylaxis Campaign	

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1. Aims

This policy aims to ensure that:

Pupils, staff and parents understand how our school will support pupils with medical conditions

Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The Local Governing Committee will implement this policy by:

Making sure sufficient staff are suitably trained

Making staff aware of pupils' conditions, where appropriate

Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions

Providing supply teachers with appropriate information about the policy and relevant pupils

Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Julie Teer (Acting Headteacher)

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and Responsibilities

3.1 The Governing Board

The local governing committee has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations

- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes administrations of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another adult are contactable at all times.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Bring notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. See Appendix 1.

6. Individual Healthcare Plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the nominated trained First Aider.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

What needs to be done

When

By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The local governing committee and the headteacher / Nominated First Aider will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school when it would be detrimental to the pupil's health or school attendance to do so **and** where we have parents' written consent. The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents. Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Anyone giving a pupil any medication (for example, pain relief) will first check maximum dosages and when the previous dose was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but must be in date
- All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and

devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be available to pupils and not locked away.

- Medicines will be returned to parents to arrange for safe disposal when no longer required

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with

toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher / role of individual. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication
- All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The local governing committee will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If they cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

14. Links to other policies

This policy links to the following policies:

Accessibility plan

Complaints

Equality information and objectives

First aid

Health and safety

Safeguarding

Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition

