# All Saints Catholic Collegiate

# Supporting Children with Medical Needs Policy

**Approval and review**

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| Committee to approve policy | ASCC BOD |
| Date of Board / Academy Committee Approval | November 2025 |
| Chair of Board / Academy committee – Name | Mrs Ann Middleton-Hill |
| Signature |  |
| Chair of Board / Academy Representatives | |
| Head teacher | |
| Signature | |
| Policy review period | 18 months |
| Date of policy review | May 2027 |

**MISSION STATEMENT**
**With respect for God and united in faith,**
**We love one another in prayer, work and play**
**We grow our God given talents each day**
**Working as the hands of Christ**

**United in Faith, Love and Learning**

**Version Control**

| Version | Date Approved | Changes | Reason for Alterations |
|---|---|---|---|
| 1 | | | Policy review |
| 2 | March 2021 | Review Cycle | Policy review addition of secondary only use appendices |
| 3 | Nov 2021 | Review Cycle | Policy Review |
| 4 | Nov 2022 | Review Cycle | Policy Review |
| 5 | Nov 2023 | Review | Annual review |
| 6 | Nov 2024 | Review | Annual review |
| 7 | Nov 2025 | Review | Annual review |

**POLICY**

This policy has been adopted on behalf of all five academies in the All Saints Catholic Collegiate (ASCC)
**St. Augustine's Catholic AcademySt. Gregory's Catholic Academy**
**St. Maria Goretti Catholic Academy**
**Our Lady's Catholic Academy**
**St. Thomas More Catholic Academy**

This policy uses the statutory guidance for governing bodies of maintained schools and proprietors of academies in England on supporting pupils at school with medical conditions. This guidance is issued under the **Children and Families Act 2014** will provide that governing bodies must make arrangements for supporting pupils at school with medical conditions.

**Key Points**

- Pupils at our school with medical conditions **must** be properly supported so that they have full access to education, including school trips and physical education.

- Directors/ Academy Representatives **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.

- Directors/Academy Representative should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported

**Aims of this policy**

The aim is to ensure that 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.

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 support, medicines and care while at school to help them manage their condition and keep them well. Others may require interventions in particular emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.

It is therefore important that parents feel confident that their child's medical condition will

be supported effectively in school and that they will be safe. In making decisions about the support we provide, it is crucial that we consider advice from healthcare professionals and listen to and value the views of parents and pupils. 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 or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration 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 absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long- term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration 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.

Some children with medical conditions may be disabled. Where this is the case, Directors/Academy representatives **will** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEND) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice.

The person with overall responsibility for this policy is Miss S Walker however to ensure effective support we will ensure that we work cooperatively with other agencies, through partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils. Parents will be asked to review the IHCP with their children at least annually, in conjunction with the school's School Medical Needs Co-ordinator. This may also need the support of health workers such as clinical nurse specialists, school nurses, consultants, etc. Where necessary a conference to write a plan will be held with all involved, including the child where practical.

This policy aims to ensure that arrangements are in place to support pupils with medical conditions and that these children can access and enjoy the same opportunities at school as any other child.

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

**Physical environment**

- This school is committed to providing a physical environment that is accessible to pupils with medical conditions.

- Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.

- This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

**Social interactions**

- This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks

and before and after school.

- This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school productions, after school clubs and residential visits.

- All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behavior policies.

- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

**Exercise and physical activity**

This school understands the importance of all pupils taking part in sports, games and activities.

- This school ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

- This school ensures all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.

- Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.

- This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

- This school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

- This school ensures all pupils with medical conditions are actively encouraged to take partin out-of-school clubs and team sports.

**Education and learning**

- This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

- If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.

- Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEND). Pupils with medical conditions who are finding it difficult to keep up with their studies may be referred to the SENCo, Mrs Wheeler. The SENCo consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

- This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

**Residential visits**

- Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

- This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits.

- Risk assessments are carried out before pupils start any off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

**This policy addresses the aims above through:**

**Policy review and accessibility**

This policy will be reviewed annually by Mr Shufflebotham, Miss Walker and Mrs Miller, health professionals, e.g. school nurse and the directors/area representatives. The policy will be accessible to all staff and parents on the school website and all new staff will be made aware of this policy. All staff will be made aware of this policy at the start of each academic year, on the first INSET day. New staff will be made aware of this policy during their induction, including associate teachers.

**Ensuring arrangements are in place to support pupils with medical conditions and what will be recorded on the IHCPs**

The academy staff, health professionals and other support services will 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 arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence. Where practical, work missed will be copied by class teacher to be supplied to the pupil or accessed via STMCAs Teams Channel. The Attendance Officer, Head of Year and/or Student Support will monitor attendance and liaise with parents and or hospital teaching staff regarding any work that will be done off site. The Assistant Headteacher, together with the relevant Inclusion staff, will be responsible for creating an adapted timetable where necessary and see each child upon return from long term absence, considering a staggered return as needed. Revision materials / guides will be supplied to support work missed. If the child also has SEND, a LSP or the Student Support Worker will collate work and support the child with integrating and organisation upon return.

**It is recognised that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Our focus is therefore on the needs of each individual child and how their medical condition impacts on their school life.**

Effective liaison with parents will 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. The

school will ensure that staff are properly trained to provide the support that pupils need. A child with medical needs will have their individual health care plan or IHCP. This will be written in partnership with the School Medical Needs Co-ordinator, school staff, and health care workers e.g. school nurses and specialists nurses and parents. This will be reviewed annually as a minimum unless a new diagnosis or change of medical needs is advised by professionals and parents.

The school recognises that children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made (School Admission Code 2012).

However, in line with their safeguarding duties, the directors will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We 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.

**Care plans will be reviewed at least annually by parents to assess if there needs to be a change and the school's nurse in partnership with the school's School Medical Needs Co-ordinator, or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and the school will assess and manages risks to the child's education, health and social well-being and minimise disruptions.**

**Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to part of that statement or EHC plan.**

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The IHCP will record:

- 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, (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;
- The School Medical Needs Co-ordinator will inform SENCO and will 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 See Appendix B for a flow chart for a new diagnosis, a child new to the school or returning after a long-term absence or where a current IHCP needs a change

**1. Responsibility for ensuring that sufficient staff are suitably trained**

The School Medical Needs Co-ordinator, through liaison with the school nurse, will ensure that staff are suitably trained. This will include an update for all staff annually on how to deal with asthma, diabetes and anaphylaxis. Where a specific need is identified, key staff (first aiders) will be provided with specific training to support the child. Where administration of medication is required, the school nurse will advise on training. In some instances a parent can train staff, where the consultant involved provides a letter to this effect. This will be kept on the student's file.

**This will ensure that any member of school staff providing support to a pupil with medical needs should have received suitable training.** This 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. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed. As per p14 of the statutory guidance 2014, the relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. 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.

**2. Commitment that all relevant staff will be made aware of the child's condition**

To ensure effective implementation, all staff will be issued a register of children who have an IHCP which, where relevant, includes child's photograph. A copy of the IHCP will be shared with relevant staff including all HOY, first aiders and class teachers if necessary on the IHCP. A register with photographs will also be held centrally. This register will be shared with all staff on the first INSET day of the academic year and provided to new staff when joining the school. This policy will also be shared with all new staff and highlighted at the first INSET day of the academic year.

**Cover arrangements in case of staff absence or staff turnover to ensure someone is always available**

Mrs Miller, Medical Needs Co-ordinator, will ensure that Mrs Hartley is aware as they have oversight of the administration of medication. Mr Shufflebotham has overview of this policy so that if staff turnover occurs, suitable induction in procedure can be carried out. If Mrs Hartley is absent, SLT will cover her overview and implementation and monitoring of this policy.

**3. Briefing for supply teachers, examination invigilators and instant cover staff**

School Medical Needs Co-ordinator will be informed that new staff has started. They will liaise with the admin team to ensure these staff are briefed on what an IHCP is, key students to be aware of and the emergency procedures. Mrs Thompson or School Medical Needs Co-ordinator will ensure medical needs are accommodated in exams e.g. access to toilets, drinks, inhalers and food if this forms part of the IHCP etc. Invigilators will be made aware of key students in the examination room plan as required for internal invigilation e.g. diabetic, epileptic, toilet card etc.

**4. Risk assessment for visits and trips**

Where a child has an EHCP, consideration for what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits needs to be made on the EHCP and the EVC informed. A risk assessment must be carried out 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.)

**5. Monitoring of Individual Care Plans**

Mrs Holliday, School Medical Needs Co-ordinator, has overall responsibility for medical care in school, who monitors their implementation and meets with health professionals and parents in the development of the IHCPs. The day to day monitoring and implementation of care plans is carried out by the School Medical Needs Co-ordinator and school first aiders.

**The procedures to be followed when a school is first notified that a pupil has a medical condition, and how long these should take**

The procedure to be followed is outlined in Appendix B.

This also will be used to cover any transitional arrangements between schools, when reintegrating a pupil or when pupil's needs change, and arrangements will then be made for any staff training or support identified. For children starting with us as a new pupil, arrangements should be in place in time for the start of the relevant school term through liaison with parents and health professionals as part of the transition process.

In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

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 evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. Therefore there may be some instances where an IHCP is written without a full diagnosis.

The role of individual healthcare plans in supporting pupils at school with medical conditions and who is responsible for their development 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 head teacher will take the final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix B

The format of individual healthcare plans is shown in Appendix A. They should be easily accessible to all who need to refer to them, while preserving confidentiality. They will be held centrally and copied to First Aiders, relevant teaching staff according to the EHCP, and HOY via secure access to the document. Plans capture the

key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHCP.

Educational healthcare plans, (and their review), may be initiated, in consultation with the parent, by the school or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. 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. 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.

**6. Timing of the review of IHCPs and writing them**

Partners should agree who will take the lead in writing the plan, which will be based on the complexity of the plan, but responsibility for ensuring it is finalised and implemented rests with the school. **The 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'seducation, health and social well- being and minimises disruption.** Where the child has a special educational need identified in a statement or EHC plan, the individual healthcareplan should be linked to or become part of that statement or EHC plan. All plans written in these circumstances will involve the SENCo and the SENCo will also hold a copy.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively. Relevant staff will carry out this liaison and involve the school nurse and other members of staff as required. Transition arrangements for children with EHCPs

The procedure to be followed is outlined in Appendix B. This also will be used to cover any transitional arrangements between schools and arrangements will then be made for any staff training or support identified. For children starting with us as a new pupil, arrangements should be in place in time for the start of the relevant school term through liaison with parents and health professionals as part of the transition process.

**7. Children with EHCPs and SEN**

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.All plans written in these circumstances will involve the SENCo and the SENCo will also holda copy.

**How staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed**

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This 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. Staff who provide support to pupils with medical

conditions should be included in meetings where this is discussed.

**8. How training needs are assessed and how and by whom, training will be provided**

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school does not see a first aid certificate as the only training required. 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. A record of training will beheld centrally and training needs will be recorded on all IHCPs as required.

**Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).** A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

**The provision of suitable training school for staff providing support to a pupil with medical needs**

**See also section 15.** Once training needs have been identified by the relevant healthcare professional (who will guide the school on the type and level of training required and how this can be obtained) The School Medical Needs Co-ordinator will ensure that the relevant training for staff is organised and record this. This will be recorded on the IHCP by the School Medical Needs Co-ordinator and/or School Nurse.

**9. Whole staff training**

For diabetes, asthma and anaphylaxis, staff training will normally occur at the start of each academic year for relevant staff (medical front line first aiders) as advised by SOT Nursing Hub. This will be done through liaison with the school nurse hub. First aiders will receive enhanced training for specific medical conditions as per the ICHP as needs present, recommended by the lead health professional.

**10. Administration of medicines and procedures**

Ensuring compliance with the legal requirements and maintaining the rights of the pupil is paramount. 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 will 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. This includes remedial measures (from training supplied at the start of each academic year) and calling for appropriate first aid. **Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual health care plans).** A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Parents, as the child's main carer, have a responsibility to provide the school with sufficient information

about their child's medical condition, treatment and/or special care needed at school. This should be done immediately prior to entry to school. If medical treatment becomes necessary after admission, parents must inform the school immediately. They must also notify the school of any changes to medication and supply medicines in the original container, with the dispenser's label and current directions on. It is not sufficient to have a label that states 'take as directed' – clear dosage and frequency must be labelled with the pupil's name.

Parents must inform the school of any medicines which children are allergic to and a contact person in case of emergencies. The medical return forms are collated by the School Medical Needs Co-ordinator and held centrally. They will issue medical lists to all staff. Students with very particular health needs that require an ECHP and/or IHCP will be highlighted to all staff on the first INSET day of the year, with a photo pack to identify the child and their condition.

All students enrolling at the school will be asked to complete a 'Medical Consent Form'. This includes specific medical and medication information. A 'Medical Consent Form' should be completed for each student requiring any medication in school.

A separate form needs to be completed for each specific medicine. These forms are available from the school office and include:

- details of the date of instruction
- name of child, name of medication
- condition being treated
- date course of medication commenced
- prescribed dosage and frequency
- time of dose and duration of treatment
- method of administering dose (in some cases there may be a possibility for self-administration) and storage instructions
- any possible side effects
- expiry date of medication and any other valid details.

It is recognised that children themselves have a role to play. In some cases, it is appropriate for them to be involved in taking responsibility for their own health care (e.g. asthma sufferers). A Medical Consent form should also be completed if parents wish their child to carry and /or administer their own inhaler (see asthma policy and care plan forms) / epipens. See Appendix F and section 18.

**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. The school has purchased a defibrillator Staff are advised of the location .

**Asthma inhalers** The Academy holds asthma inhalers for emergency use. This is entirely voluntary, and the

Department of Health has published a protocol13 which provides further information. The inhalers are stored in the school's first aid office.

**Arrangements for children who are competent to do so to manage their own health needs and medicines**

It is recognised that children themselves have a role to play. In some cases, it is appropriate for them to be involved in taking responsibility for their own health care (e.g. asthma sufferers). A Medical Consent form should also be completed if parents wish their child to carry and /or administer their own inhaler (see asthma policy and care plan forms) / epipens. See Appendix F

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans – all asthmatics have an asthma care plan – see asthma policy. See also diabetes policy. 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. This is provided by Medical Needs Support staff. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them, once training has been provided. The IHCP will reflect this and the training given.

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.

## 11. Managing Medicines

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 will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

Paracetemol is the only analgesic that can be given by the school for minor ailments, such as period pain and headaches. Only one dose will be administered during a school day as this will help to ensure that no-one taking it either in error or intentionally will be causing harm to themselves or others.

Dosage:

- One 500mg tablet only to be administered after 12.30pm in case doses have been given in the morning
- These can only be issued by First aid trained staff.

This will only be administered when:

- Signed consent has been obtained from the parent on emergency/medical contact on the Medical Consent Form for paracetamol – and permission shown in sims. This must be seen prior to administration to check consent.
- Should a student ask for paracetamol and a medical consent form has not been

completed, the parent will be contacted by telephone to obtain permission – only one dose will be given.

- The parent will be encouraged to send in their own supply with a signed 'Medical consent Form'

- A note of the dosage is recorded on an accident/illness form.

- Daily Medical Logs will be filed and kept for 15 years – i.e. until a child is 21 years of age. The school will be responsible for the daily record and their safe storage, recognising data protection issues.

See Appendix I. A child under 16 will 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.

We will only accept prescribed medicines 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 still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Some medicines will need to be keep in school all of the time. It is the parents'/guardians' responsibility to ensure that an adequate supply is available in its original packaging and that it is in date with clear directions on the label, indicating the type of medicine, child's name and dosage. 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. A register of medicines on site is kept and maintained by the School Medical Needs Co-ordinator. See also controlled medicines section.

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. We will keep controlled drugs that have been prescribed for a pupil securely (locked cabinet) stored in a non-portable container to which only named staff should have access – School Medical Needs Co-ordinator. Controlled drugs should be easily accessible in an emergency. 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.

**Controlled Drugs** Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, where this is not possible the amount of medication handed over to the school should always be recorded. Controlled drugs should be stored in a locked non-portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

The school will keep a record of all medicines administered to individual children (the Daily Medical Log), stating what, how and how much was administered, when and by whom. These staff must be identified on

the IHCP and training must be provided to these staff and recorded on the IHCP. Any side effects of the medication to be administered at schools hould be noted.

For controlled drugs e.g. RitalinTM and codeine, a record will be kept of any doses used and the amount of the controlled drug held in school. A pharmacy controlled drugs record sheet will be used in these circumstances and a locked cabinet will be used for their storage. These drugs will only be issued to a child when two staff are present, and after training has been given. This will appear on the medical care plan. If a child refuses the drug this must also be recorded. Any rejected drug must be placed in an envelope with the child's name, date of refusal, drug name and pharmacy name on. It must be clearly labelled DO NOT USE. This must be returned to parents or the pharmacy and recorded in the record. All drugs must be accounted for and audited each week. These records are to be kept until the child is 21 years of age. It is only appropriate for short term amounts/doses to be kept in school. This will be decided when the care plan is drawn up, but typically should not be more than a week's worth.

Students with acute infections should remain at home until fully recovered. On occasions, the student may be well enough to return to School but may need to finish a course of antibiotics. This medication should be handed in to the school office by the parent/carer and a Medical Consent Form should be handed in with the medication. Doses issued must be recorded in the Daily Medical Log.

Inhalers and Diabetic medicines – see asthma and diabetes policies.

When no longer required, all medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps – see health and safety policy re sharps.

**12. Records**

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school. Records of all medicines administered to children will be kept. Records of medicines administered will be kept until the child is 21 years of age. See also section 20 re controlled medicines.

**13. Emergencies**

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do. IHCPs will be issued to all HOY, all first aiders, SENDCO, the child's class teachers and cover supervisors where necessary and held centrally by the School Medical Needs Co-ordinator. All relevant staff will be therefore aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. We will ensure that correct information is provided for navigation systems and that a copy of an IHCP /SIMS record is provided to emergency staff. The first aider dealing with the child will request this is copied.

In a medical emergency, First Aid is given and an ambulance is called if necessary and parents/carers are notified. Contacting the Emergency Services Form MUST be completed – see Appendix J If the child has a health plan this is given to the ambulance crew. Instructions for calling an ambulance are displayed prominently in the main office.

The IHCP MUST be referred to when calling an ambulance, as some students have their name on the emergency services lists or direct open access to specific wards. The specific medical condition can also be

relayed.

**Arrangements to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities**

Teachers should be aware of how a child's medical condition will impact on their participation through awareness of the IHCP (shared with relevant staff as per the IHCP), but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Arrangements will be made for the inclusion of pupils in such activities with any adjustments as required unless evidences from a clinician such as a GP state that this is not possible.

Where a child has an IHCP, consideration for what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits needs to be made on the IHCP and the EVC informed. A risk assessment must be carried out 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.)

All staff arranging a visit MUST see the School Medical Needs Co-ordinator to obtain copies of the IHCP so that any specific needs can be discussed and parent's / health professionals consulted.

Pupils with medical needs are included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or Health professionals in suitable time so that any special arrangements can be put in place for the visit. An Administration of Medicines form must be completed as detailed in the preceding paragraphs for any medication that may be needed during the visit including travel sickness tablets for self- administration.

Parents should include details of medical needs on the Work Experience form given to all pupils. The Work Experience coordinator will liaise with the external provider/employer and parents as appropriate to ensure there are safe arrangements to meets the pupils need during the placement and that adequate insurance is in place.

**The arrangements to be made in relation to pupils with medical conditions travelling to and from school**

Transport companies need to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations for pupils with life threatening conditions. This will form part of the IHCP – see Appendix A

**14. Practice that is not acceptable**

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 acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

- if the child becomes ill, send them to the school office or medical room unaccompanied 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; a toilet pass will be provided if necessary;

- 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

**15.** 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. Liability and Indemnity

Insurance policies will provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures as they arise. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained will be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

**16. Complaints**

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.

**17. Related Policies**

- Asthma Policy
- Diabetes Policy
- Health and Safety Policy
- Drugs Policy
- SEN Policy
- Complaints procedure
- CP and Safeguarding Policy
- Physical Health and Mental Wellbeing Policy

- **29. Other safeguarding 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 well-being 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 ofthe school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

**Section 3 of the Children Act 1989** provides 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 well-being of children, including their physical and mental health, protection from harm and neglect, and education.

**Section 3 of the NHS Act 2006** 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's responsible.

**Section 3 of the NHS Act 2006** 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's responsible.

Directors/area representatives' 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 that 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)** provide 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 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

**The Special Educational Needs Code of Practice**

**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.

**Appendices follow**

**Note some the appendices attached are for secondary school use only and are marked secondary school use only**

**Appendix A**

**Individual Care Plan (IHCP) for a student With Medical Needs**

**Photograph of Student:**

| **Medical condition/illness:** |
|---|

| | |
|---|---|
| **Student's Name** | |
| **Date of Birth** | |
| **Year** | |
| **GP Name & Surgery** | |
| **GP Telephone** | |
| **Consultant** | |
| **Special Arrangements** | |
| | |

**Emergency Contact Information**

| **1.First Contact** | **2.Second Contact** |
|---|---|
| **Name:** | **Name:** |
| **Relationship:** | **Relationship:** |
| **Telephone Numbers** | **Telephone Numbers** |
| **Work:** | **Work:** |
| **Home:** | **Home:** |
| **Mobile:** | **Mobile:** |

**Contingency arrangements if the emergency contacts are unavailable**

**Medical Care Plan**

**Name:** **Review Date :**

**Medical background (the condition, its triggers, signs, symptoms)**

**Physical Management (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 and the procedure to follow if the child refuses their medication).**

**Training provided re medical condition:** *(who for, whom by, details of training and date)*

**Medication** *(including storage)*

**Emergency Plan/Protocol**

**Fire Drill**

**Duty of Care (Carer/student)**

**Duty of Care (School)**

- To adhere to the care plan
- To liaise closely with parents
- To monitor attendance and attainment closely with respect to the impacts of themedical condition and provide intervention as necessary
- To ensure all staff are aware of this care plan

**Does this plan link to a statement of SEN Y / N**

**Does the medical condition require any special consideration for participation in physicalactivity? Y / N** *(if yes provide details including who needs to be informed)*

**Does this medical condition require any special arrangements for trips and or residentialvisits? Y / N** *(if yes provide details including who needs to be informed)*

**Does this medical condition require a risk assessment prior to a trip or residential visit? Y /N**

*The person organising the trip must liaise with parents and school nurse (who will advise if aspecialist needs input). The EVC needs to be given a copy of this risk assessment.*

**Does this medical condition need an administration of medicine record sheet? Y / N**

**Does this medical condition need an administration of a controlled medicine? Y / N**

**How will support for the student's learning, emotional, social and educational needs bemanaged?**

**We/I agree with the care plan detailed above. Y / N**

**We/I give permission for the administration of medication as outlined. Y / NOur son/daughter has**

**permission to self-medicate / administer. Y /N / N/A**

**In the case of life-threatening conditions, details of this care plan need to be shared with transport as a 'transport health care plan'. Is a transport health care plan needed? Y / N** *(Please attach to this plan as a record if yes)*

**Who in the school needs to be aware of the child's condition and the support required?**
*(list name and role)*

**Parental Signatures**

**…… Date.....**

**..... Date.....**

**Head teacher Signature**

**…… Date.....**

**School Nurse / Doctor**

**…… Date.....**

**Transport Health Care Plan** **Catholic AcademyPhotograph of Student:**

**ROUTE and POINT OF PICK UP/DROP OFF:**

| | |
|---|---|
| **Student's Name** | |
| **Date of Birth** | |
| **Year** | |

| | |
|---|---|
| **GP Name & Surgery** | |
| **GP Telephone** | |
| **Consultant** | |
| **Special Arrangements** | |

**Medical Care Plan**

**Name:** **Review Date :**

**Medical background**

**Physical Management**

**Training provided re medical condition:** *(who for, whom by, details of training and date)*

**Medication** *(including storage)*

**Emergency Plan/Protocol**

This plan will be shared with school transport in the case of the child travelling to and from school without a parent or teacher. By signing this, the parent agrees to share these details with the transport company, who will share this plan with new drivers on this route as necessary and will adhere to data protection guidance and regulations.

**Parental Signatures**

**…… Date.....**

**…… Date.....**

**Head teacher Signature**

**…… Date.....**

**School Nurse / Doctor**

**…… Date.....**

**Transport Company.....**

**Route:**

**Signed by company representative:**

**…… Date.....**

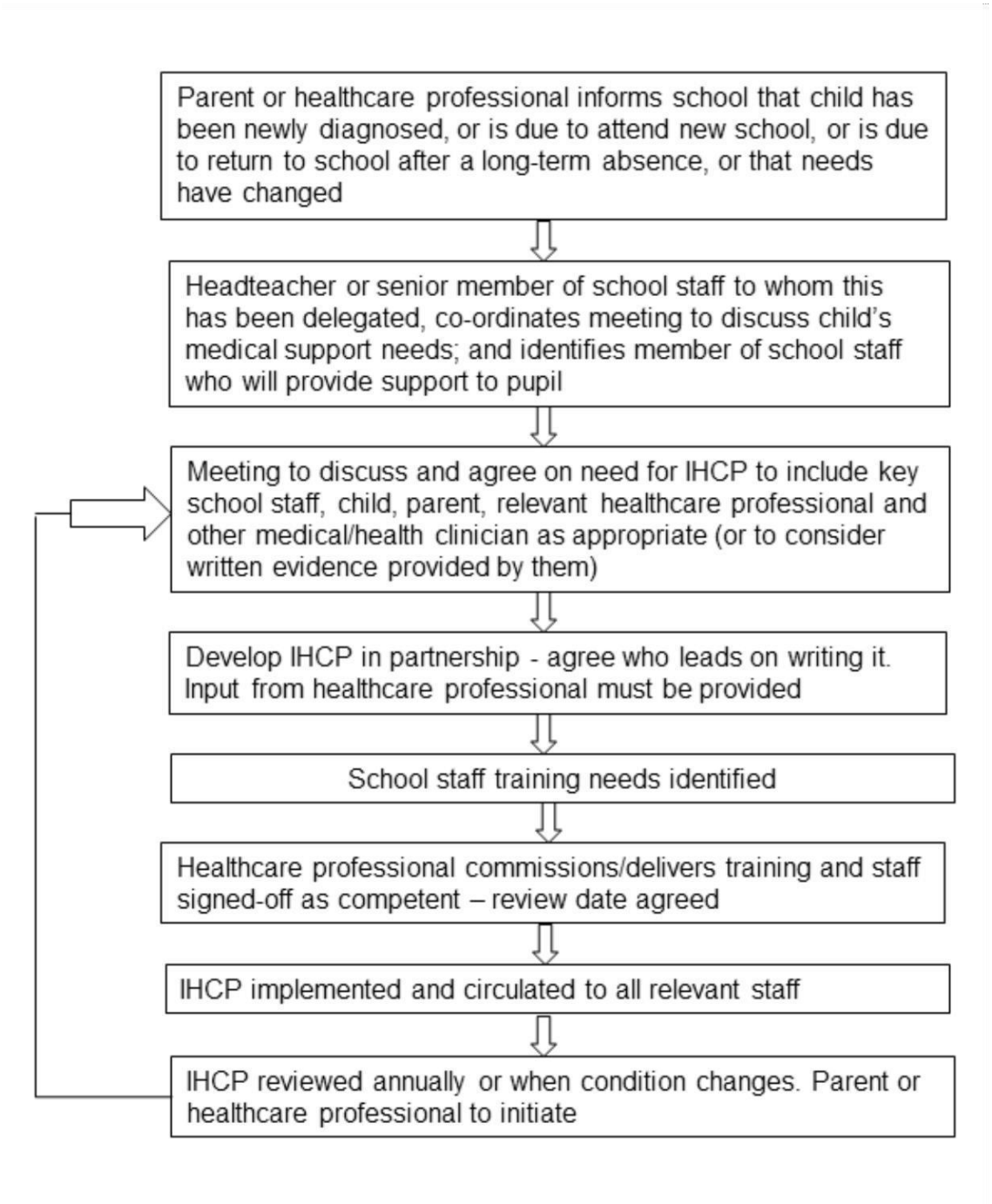
**Name and position in the company:**

**……**

*The transport company, in signing this, agrees to share this plan with new drivers on thisroute as necessary and will adhere to data protection guidance and regulations.*

**Appendix B**

Flow chart for a new diagnosis, a child new to the school or returning after a long-termabsence or where a current IHCP needs a change



**Appendix C**

## Medicines In School Register

**All medication in school will be logged on the below register**

| Date | Student Name | Year / Form | Medication | Expiry |
|---|---|---|---|---|
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**Appendix D**

Controlled Drugs Register – maintained by Medical Needs Support staff

**Controlled Drugs Register**

| Date | Name of student | Controlled drug name | Amount received | Expiry date |
|---|---|---|---|---|
| | | | | |
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**Appendix E**

## Administration of Medicines Record

All non-controlled drugs/medicines

Name of child:_____

Name of medication: _____

Condition being treated:_____

Date of instruction received from parent/carer_____

Date course of medication commenced:_____

Prescribed dose and frequency ('as prescribed' is not enough. Parents must ensure that this is clear on the pharmacy instructions): _____

Time of dose: _____

Method of administration: _____

Expiry date and any other valid details:_____

| **Date and time of administration / refusal** | **Administrator** | **Side effects (if any)** | **Signature of member of staffadministering orstudent if self administering** |
|---|---|---|---|
| | | | |
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**Appendix F**

**Parent/Student Consent To Administer Medication**
Parent/carer request for school to administer medication

School cannot give your child medicine unless you complete and sign this form and theHeadteacher has agreed that staff can administer medicine.

**Personal details:**

| |
|---|
| Name of student: |
| Contact telephone number: |
| Condition or illness: |

**Medication:**

| |
|---|
| Name/type of medication (as described on the container): |
| Special storage requirements: |
| Date dispensed: |
| For how long will your child administer this medication? |

**Full directions for use:**

| |
|---|
| Dosage: |
| Frequency/timings: |
| Method: |
| Any particular problems with administration: |
| Side effects: |

**Parental declaration:**

I will ensure that the appropriate staff members are aware when medicine arrives at school.I will complete another form if any of the above information changes.

Signature: _____

Date: _____

Relationship to child: _____

**Consent To Self - Administer Medication**

The school will not give your child permission to self-administer unless you complete andsign this form and the Headteacher has agreed to self-administration.

**Personal details:**

| |
|---|
| Name of student: |
| Contact telephone number: |
| Condition or illness: |

**Medication:**

| |
|---|
| Name/type of medication (as described on the container): |
| Special storage requirements: |
| Date dispensed: |
| For how long will your child administer this medication? |

**Full directions for use:**

| |
|---|
| Dosage: |
| Frequency/timings: |
| Method: |
| Any particular problems with administration: |
| Side effects: |

**Parental declaration:**

I will ensure that the appropriate staff members are aware when medicine arrives at school.I will complete another form if any of the above information changes.

Signature: _____

Date: _____

Relationship to child: _____

**Training Records**

Academy Medical and Health Training Records

| Date | Training on (condition/administrationof medicine) | Training delivered by | Training delivered to | Review Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
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**Staff training record – administration of medicines**

Name of school / setting: _____

Staff name: _____

Training received: _____

Date training completed: _____

Training provided by: _____

I confirm that _____(name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated _____.

Trainer signature: _____/ certificate attached

Date: _____

I confirm that I have received the training detailed above

Staff signature: _____

Date: _____

Review date: _____

**Appendix H**

**IHCP Register**

Academy Medical Health Care Plans

| Surname | First Name | Year | Medical condition | Photo | Discussed with School Nurse<br><br>Y/N | Date Checked | Copy At Reception<br><br>Y/N | initials |
|---|---|---|---|---|---|---|---|---|
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**Appendix I <u>SECONDARY SCHOOL USE ONLY</u>**

Paracetamol consent letter and registerDear Parent/Carer

If your child suffers from a minor medical ailment in school e.g. headache, earache, period pains etc, we are able to administer pain relief to them if we have written permission from you to do so. The school will only give a dose of paracetamol after being seen by a school first aider.

One 500mg Paracetamol tablet will be offered by a First Aider who will administer it. You will be informed via an illness slip that will be given to your child, that paracetamol has been taken.This will be recorded in school. If students make repeated requests for paracetamol parents/carers will be informed and the school may withdraw the availability of paracetamol if appropriate.

Please complete the permission slip below and return to the school office so that a record can be made. If we do not receive a signed and completed form, no paracetamol will be administered during a school day.

Yours sincerely
Headteacher

**Non-prescription pain relief SECONDARY SCHOOL USE ONLY**

Child's name _____

Year Group_____

DOB _____

I give permission for my child to receive one 500mg paracetamol tablet /soluble paracetamol tablet in school. I understand that it is my responsibility to inform the school if circumstances change. I also understand that the school may withdraw the availability of paracetamol if appropriate.

Signed _____

(Parent/Guardian)

Print Name_____

Date _____

**Appendix J**

**Contacting the Emergency Services Form**

To be completed each time a 999 call is made

Telephone 999. Be ready with the following information and have a copy of the ICHP readyto hand to the emergency services – file this form with the child's record after contact.

| | |
|---|---|
| School number | |
| School Location | |
| School Postcode | |
| Give the exact location in school and whether access via main reception | |
| Give your name | |
| Give the **name** and **age** of the child / adult and their **symptoms** | |
| Use the **medical condition** on the **ICHP** and **provide** any **instructions** on the ICHP e.g. open access to ward 101:<br><br>Has a copy of the IHCP been provided to the emergency services? | |
| Date and Time | |
| Parents / Carers / contacted | |
| Child accompanied to hospital by (where no parent / carer to do this) | |