

Newton-le-Willows Primary School



Medical Policy

Status:	STATUTORY
Responsible Person/People:	Mrs Chisnall Mrs McCormack, Mr. Ibbotson, Miss Mercer, School Staff
Responsible Governor:	Mrs Charleston
Approved by:	Mr. Huskisson Signature: <i>A. Huskisson</i> Date: Spring 2026
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1. Introduction

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

Some children with medical conditions may be disabled. Where this is the case, schools must comply with their duties under the Equality Act 2010. For children with SEND, this guidance should be read in conjunction with the SEND Code of Practice.

Section 100 of the Children and Families Act 2014 places a duty on Governing Bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

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. These arrangements must give parents and pupils confidence in the school's ability to provide effective support for medical conditions in schools.

Individual Health Care plans can help staff identify the necessary safety measures to support children and ensure that they and others are not put at risk.

Definition

Pupils' medical needs may be broadly summarised as being of two types:

Short-term, affecting their participation in school activities when they are on a course of medication

Long-term, potentially limiting their access to education and requiring extra care and support

2. Scope

It must be ensured that:

- Pupils at school with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential;
- The Governing Body is supported in their duty to ensure that arrangements are in place to support pupils at school with medical conditions; and
- The Governing Body is supported in their duty to 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.

3. Roles and Responsibilities

The Named Person responsible for children with medical conditions is the Deputy Headteacher. This person will also be supported by the School SENCo, the School Business Manager and the School's Administration Team as and when applicable.

This person is responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with parents, pupils, healthcare professionals and other agencies

3.1 The Governing Board

The Governing Body has ultimate responsibility to make arrangements to support pupils with medical conditions.

The Governing Body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

In order to do so, the Governing Body will ensure that:

- 1) They make available adequate resources in the implementation of the Policy;
- 2) There are suitable arrangements at school to work in partnerships and to generally adopt acceptable practices in accordance with the Policy;
- 3) They take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening;
- 4) The focus is on the needs of each individual child and how their medical condition impacts on their school life;
- 5) In making their arrangements, they give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school;
- 6) The school demonstrates an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;
- 7) That staff are properly trained to provide the support that pupils need; and
- 8) That written records are kept of all medicines administered to pupils.

3.2 The Headteacher

The Head Teacher is responsible for:

- Overseeing the management and provision of support for children with medical conditions.
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans.
- Making sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

In order to do so, they should identify a suitable named person (currently the Deputy Headteacher) who has overall responsibility for ensuring that:

- a) sufficient staff are suitably trained;
- b) all relevant staff will be made aware of the child's condition, including any requirement for the child to participate in outside the classroom activities where appropriate;
- c) cover arrangements are in place at all times in case of staff absence or staff turnover to ensure someone is always available;
- d) supply teachers are briefed;
- e) risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;
- f) procedures are in place to cover any transitional arrangements between schools for any medical issues;
- g) for children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;
- h) Individual Healthcare Plans (see Appendix 'B') are monitored including identifying pupils who are competent to take their own medication;
- i) the accepting, storing and administering of medication is managed appropriately.
- j) appropriate protective equipment is made available to staff supporting pupils at school with medical conditions.
- k) monitoring arrangements are in place for the administering of medication.
- l) 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.
- m) systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

Further to this, the Head teacher will need to ensure that there is effective co-ordination and communications with relevant partners, professionals, parents and the pupils.

In order to ensure that pupils' health is not put at unnecessary risk from infectious diseases, in line with safeguarding duties, Head teachers must inform parents that they should keep children at home when they are acutely unwell. **They should not accept a child in school at times where it would be detrimental to the health of that child or others to do so.** Also school staff should also not attend school if acutely unwell and must be clear of any vomiting and diarrhoea for 48 hours prior to returning to work.

In the event of an outbreak situation, the school must follow any guidance issued by Public Health England.

3.3 Teachers & Other Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person.

In each phase there is a named person who will administer medication to pupils outside the hours of 11.30 – 1.30pm. They are:

EYFS

Mrs Holbrook

Year 1

Mrs Farrell or Mrs Gorman

Year 2

Mrs McCollom

Year 3

Mrs McCarthy

Year 4

Mrs McClymont

Year 5

Mrs Bennion

Year 6

Mrs Joughin

During the hours of 11.30 – 12.30pm, Mrs McCarthy will administer medication whilst on First Aid Duty and between 12.30 – 1.30pm Mrs Joughin will administer medication whilst on First Aid Duty.

On occasion, for example if the staff member named above is absent, another member of staff will be directed to take responsibility for the administration of medication on that day.

Teachers & Other Staff may be asked to provide support to pupils with medical conditions, including the administration 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.

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.

Teachers & other staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions

Their responsibilities include:

- a) To be familiar with normal precautions for avoiding infection and follow basic hygiene procedures, as advised by health professionals. Staff should have access to and must use protective disposable aprons and non-latex gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment; and, where appropriate, other forms of personal protective equipment
- b) To administer medication in accordance with Parent/Carer Consent Form and/or as set out in the Individual Healthcare Plan (IHP), following receipt of a request from the parent for the school to administer medicine to their child, using form Appendix 'C', for prescribed medicines or Appendix 'D' for over the counter/non-prescribed medicines.
- c) The recording of long term conditions such as Epilepsy, Diabetes or Asthma in the pupil's file along with instructions issued by the Doctor as set out in the Individual Health Care Plan (see Appendix 'B'); These will be developed in conjunction with relevant health professionals and reports, parents, a member of the inclusion team, and class teachers.
- d) Ensuring that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case in writing; the school must not administer the first dose in case of a reaction to the medication.
- e) Ensuring that medicines are personally handed over to the school by a responsible adult and not by a child;
- f) Ensuring that medicines are in date and in the original container marked with a pharmacy label (for prescribed medicines) stating the child's name, the type of medicine, and the required dosage and storage instructions;
- g) Ensuring that medicines are kept within a secured area, out of the reach of children and visitors. This is except in situations where children are competent to self-administer. For medicines and devices such as Asthma inhalers, blood glucose testing meters and Adrenaline Auto-Injector (Epi-Pen), these should not be locked away and should always readily available to children;
- h) Logging any medicines administered to a child and making a record once the medicine is returned to the parents (see Appendix 'E');

The entry should include the pupil's name, drug administered, dosage, date and time.

- i) Ensuring that the directions on the pharmacy label for prescribed medicines or over the counter medicines, the directions on the original packaging are strictly followed and that it corresponds with the parental agreement;
- k) Ensuring that another member of staff **is always present** to witness the administration of the medication;
- l) Ensuring that parents are informed of a refusal by their child to take medication on the same day. This should be undertaken by the Class Teacher in the first instance. If a refusal to take medicines results in an emergency situation, the school or setting's emergency procedures should be followed. This may involve a phone call to 111 for advice or may involve a 999 call for medical support. (See Appendix H) An emergency

situation may also involve a staff member having to take a pupil to hospital/Walk-In Centre.

*All staff are covered by Business Insurance as part of the school's insurance policy if they need to use their car to transport a pupil to seek medical assistance in the event of an emergency.

- m) Notifying the parents if the school becomes aware that their child has vomited or has had diarrhoea after taking the medication.

3.4 School Nurses

Every school has access to School Nursing Services (see Appendix O). They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can be responsible for:

- a) notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school;
- b) liaising with lead Clinicians locally on appropriate support for the child and associated staff training needs;
- c) supporting staff on implementing a child's individual Healthcare Plan; and
- d) advise and liaison on training to local school staff

Community Nursing Teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

3.5 Other Healthcare Professionals

This includes GPs, Specialist Healthcare Teams and Paediatricians and should:

- a) notify the School Nurse when a child has been identified as having a medical condition that will require support at school;
- b) provide advice on developing Healthcare Plans; and
- c) provide support in schools for children with particular conditions (e.g. Asthma, Diabetes).

3.6 Parents

Parents should:

- a) provide the school with sufficient and up-to-date information about their child's medical needs;
- b) be involved in the development and review of their child's Individual Healthcare Plan, and in its drafting, where required; and
- c) carry out any action they have agreed to as part of the implementation of their child's Healthcare Plan, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

- d) Collect any medication once the dosage has been completed. If they fail to do so, a member of staff will contact the parent to remind them to collect the medication.

If they fail to provide sufficient medication, they should be contacted immediately and necessary arrangements made, e.g. provision of medication, returning the child to the parent awaiting provision of the medication, etc.

3.7 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan (IHP).

Other pupils will often be sensitive to the needs of those with medical conditions.

After agreement with parents it is good practice to support and encourage pupils, who are able, to take responsibility for managing their own medicines from a relatively early age. Children develop at different rates and so the ability to take responsibility for their own medicines varies. If pupils can take their medicines themselves, staff may only need to supervise.

Inhalers for pupils with Asthma need to be readily available in a designated classroom cupboard, marked with a green first-aid cross. Pupils who are mature enough can look after their own inhalers with adult supervision. They should always be available during physical education classes and outdoor learning experiences.

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/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix A will be followed to decide whether the pupil requires an Individual Healthcare Plan.

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

6. Individual Healthcare Plans (IHPs)

It is not appropriate to send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their Individual Healthcare Plans (see Appendix 'B'). This will include requiring parents to provide up to date information about their child's medical needs, provide their child's medication to the school in

the original container and also carry out any action they have agreed as part of their child's Individual Healthcare Plan, where one is in place.

The aim of Individual Healthcare Plans (IHP) 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.

The school has responsibility for ensuring Individual Healthcare Plans are finalised and implemented. They should agree with partners who will take the lead in writing the plan. Plans will be drawn up in partnership with the school, parents/carers 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.

Plans should be developed with the child's best interests in mind and will set out what needs to be done; when and by whom.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers 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.

They need to be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils should be involved whenever appropriate.

A model letter inviting parents to contribute to an Individual Healthcare Plan can be found in Appendix I.

IHPs will be linked to, or become part of, any Education, Health and Care Plan (EHCP). If a pupil has special educational needs (SEN) but does not have an EHCP, 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 Governing Body and Headteacher / Deputy Headteacher, 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 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;
- specific support for the pupil's educational, social and emotional needs;
- the level of support needed including in emergencies;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support;

- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g., risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Healthcare Plan prepared by their Lead Clinician that could be used to inform development of their individual Healthcare Plan; and

7. Medical Evidence in relation to a Pupil's Medical Condition

The DfE Statutory Guidance, 'Supporting pupils at school with medical conditions' states: '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.'

If consensus cannot be reached, the Headteacher is best placed to take a final view.

8. Risk Assessments for Pupils

If a pupil has an Individual Health Care Plan (IHP), a Risk Assessment may also be included as part of this plan. If this is deemed required, this would be put in place by the medical professional responsible for formulating the IHP, at the time the IHP was put in place. This would be shared with parents and staff working directly with the pupil.

If a pupil sustains an injury such as a broken leg which impedes their ability to carry out their day to day activities in the same way as their peers, parents must inform school as soon as possible to inform them of this. School staff (in most cases the Middle Leader of the Year Group) will compile a risk assessment in liaison with parents and a medical professional (if applicable) to help to safeguard the pupil when they return to school.

Once this Risk Assessment has been agreed, it must be signed by all parties and is the responsibility of the Class Teacher to ensure the actions outlined are put in place on a day to day basis.

9. Managing Medicines

Prescription and Over the Counter (OTC)/Non-Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers' written consent

It should be noted that wherever feasible parents should administer medication outside of school hours.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Schools settings must never administer the first dose of any new medication

9.1 Administration of Medication Procedure

The procedure for accepting, storing and administering any medication must be completed as outlined on the **Medication Administration Flowchart** (Appendix F).

When medication is administered, it is responsibility of the staff member doing so to record this on the 'Administration of Medication Record Sheet. (Appendix E')

If medication is to be self - administered e.g. a pupil administering their own inhaler, this should be observed and recorded by a member of staff on the 'Administration of Medication Record Sheet. (Appendix E')

If a staff member administering medication notices a change in the pupil e.g. requiring the use of their inhaler more than usual, this staff member should inform the child's parents/carers and a record of this communication should be made on CPOMS.

The school never makes changes to dosages on parental instructions.

Parent/Carer Consent Forms and Administration of Medication Record Sheets that are no longer required or become surplus should be stored in the pupil's Class File. For pupils in Year 2 – Year 6, these Class Files can be found in the First Aid Room. The Class Files for Year 1 are stored in each of the Year 1 Classrooms; the Class Files for Reception are stored in the EYFS kitchen area and the Class File for Nursery is stored in the Nursery Classroom.

Administration of Medication Forms and Parent/Carer Consent Forms should be given to the School Business Manager for pupils in Year 6 at the end of the academic year to be archived each year.

Circumstances requiring extra caution as per Individual Health Care Plans are taken into account:

- Where the timing of administration is crucial;
- Where serious consequences may occur through failure to administer;
- Where technical or medical knowledge is needed;
- Where intimate contact is necessary.

In these circumstances Head teachers should consider carefully what they are being asked to do. Even if it is within the interest of the child to receive the medication in school, staff cannot be instructed to administer, however, the school still has a duty to ensure that arrangements are in place to support such pupils. In these cases, it would be useful to speak to the School Health Nurse.

9.2 Prescription Medicines

a) For Prescription Medicines, only medicines that are in date, labelled and have been prescribed by a Doctor, Dentist, Nurse Prescriber or Pharmacist Prescriber are accepted;

- b) Prescription Medicines should always be provided in the original container as dispensed/supplied by a Pharmacist or in a container as dispensed and labelled again by a Pharmacist. It must include the prescriber's instructions for administration, child's name and dosage and storage requirements;
- c) The school will not accept medicines that have been taken out of the original container, unless this has been done by a Pharmacist and the medication is in the packaging/container supplied and labelled by the Pharmacist.
Another exception to this is Insulin which must still be in date, but will generally be available inside an Insulin pen or a pump, rather than in its original container;

9.3 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.

Some may be prescribed as medicine for use by children, e.g. Ritalin[®], Methylphenidate.

It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed and where the parent/carer has completed a Parent/Carer Consent Form (Appendix C).

Any trained and competent member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering the medicine should do so in accordance with the prescriber's instructions.

Controlled drugs should be stored securely (in a locked non-portable container), with limited access but should be easily accessible in an emergency, by named staff.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local Pharmacy).

If this is not possible, it should be returned to the dispensing Pharmacist (details should be on the label).

A written record should be kept, signed by the pharmacist and the parents informed.

Misuse of a controlled drug, such as passing it to another child or another person for use, is a criminal offence.

9.4 Non-Prescription Medication (Over the Counter Medicines)

Over the counter medicines do not need an appropriate practitioners prescription, signature or authorisation in order for a school to give them.

- a) Over the counter medicines, e.g. hay fever treatments, cough/cold remedies should only be accepted in exceptional circumstances and treated the same way as prescription medication. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a Parent/Carer Consent Form (see Appendix 'D').
The medication should be provided in the original container with the patient information leaflet (PIL).
- b) There is a potential risk of interaction between prescription and over the counter medicines, so where children are already taking prescription medicine(s), prior written approval from the child's GP should be sought.

- c) The use of over the counter medicines should normally be for a limited period only. Therefore, where these medicines are administered the recommendations contained within the patient information leaflet (PIL) should always be followed;
- *E.g. for Paracetamol - 'if no better in three days seek the advice of a GP', therefore, schools should only administer for three days unless they have had assurance the child had been seen by the GP*

Where a child's symptoms persist, medical advice should be sought by the parent.

Other remedies, including herbal preparations, should not be accepted for administration in the school/setting.

- d) Only after parental advice will the school administer Paracetamol or other pain relief. For pupils under 16, parental consent must be obtained beforehand and a record of that consent and administration should be made.
- e) The school **must not** keep its' own stock of pain relief medication; the parent must provide the school with a supply of appropriate pain relief tablets for use solely by their child.
- f) A dose of paracetamol or pain relief should only be given after effort has been made to ease the pupil's pain through other methods, i.e. rest, fresh air, etc. Before each dose of the medication is given, the school should obtain parental consent. **The school must ask the parent how many doses of the pain relief have been administered in the previous 24 hours, and only administer pain relief if in line with the recommended dose.** A record of that consent and any medication administered should be made.
- g) Staff should check that the over the counter medicine has been administered without adverse effect to the child previously and that parents have certified this is the case – a note to this effect should be recorded on the Parent/Carer Consent Form for the school/setting to administer medicine.
- h) If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

10. Storing Medicines

Medication should be stored as follows:

- a. Medicines should be kept in a secure place with restricted access, with limited exceptions. Medicines and devices such as Asthma inhalers, blood glucose testing meters (and strips) and Adrenaline Auto-Injectors (Epi-Pens) should be always readily available to children and not locked away, but always in the vicinity of the relevant pupils.
- b. A few medicines need to be refrigerated. Subject to the Individual Healthcare Plan (see Appendix 'B'), these can be kept in a refrigerator on a separate shelf, but should be in an airtight container and clearly labelled. Where medicines are required to be kept refrigerated, daily temperature checks should be undertaken on a recorded basis (see Appendix 'P').
- c. Large volumes of medicines should not be stored;
- d. Children should know where their own medicines are stored, who holds the key and be able to access them;

- e. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed;
- f. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, storage instructions and the frequency of administration;
- g. Where a child needs two or more prescribed medicines, each should be in a separate container;
- h. Staff should never transfer medicines from their original containers;
- i. Inhaler and spacers for Salbutamol inhalers (see below) must be kept in a safe and in a suitably central location in the school. In most cases, these will be stored in the pupil's classroom in the medical cupboard identified by the green medical cross. Staff and pupils have access to this at all times as this medication is not locked away.

11. Medicine by Injection/Diabetic Pump

The school has a duty to support children with medical conditions at school and as a result trained and competent staff may be required to administer injections to pupils suffering from conditions including Diabetes, Epilepsy, Anaphylactic Shock, etc. where the child is unable, for whatever reason, to do so themselves.

In the case of pupils with an individual Healthcare Plan, the plan must set out what to do in the case of an emergency. This response should be drawn up in consultation with the School Health Nurse, other medical professionals as appropriate and the child's parents.

As per the Individual Healthcare Plan, consideration in these circumstances must be given to the reasonableness of the child being able to participate in out of school activities such as educational visits, residential trips, etc.

Pupils with a diabetic insulin pump, must have a risk assessment completed and signed by parents.

They will also require a Health Care Plan to be completed in conjunction with a diabetic nurse and parents.

(An example of a Health Care Plan template can be found in Appendix B, although it should be noted that the way in which a Health Care Plan is presented may differ depending on the Local Authority it has been compiled by).

12. Asthma Management

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with Asthma in every classroom in the UK.

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an Asthma attack. If they are able to manage their Asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

Not all children who have Asthma in school will be in receipt of an Asthma Care Plan. This will be put in place at the request of a medical professional in consultation with school staff and parents.

13. Keeping Emergency Salbutamol Inhalers in School

From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to keep a Salbutamol inhaler for use in emergencies.

The emergency Salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with Asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

In school, there are 3 emergency inhalers. One is located in the medical cupboard in the Reception kitchen area, one is in Y1P Classroom and one in the school's First Aid Room.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled Salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a Salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have Asthma.

It is essential therefore, that schools ensure that the inhaler is only used by children who have Asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Keeping an inhaler for emergency use has many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

Parents are likely to have greater peace of mind about sending their child to school. However, this is a discretionary power enabling schools to do this if they wish.

In order to use this, the school will:

- 1) Have a register of children in the school that have been diagnosed with Asthma or prescribed a reliever inhaler. This information is stored on the Whole School Medical Lists available on Microsoft Teams;
- 2) Ensure that the emergency inhaler is only used by children with Asthma with written parental consent for use. (See Appendix K). This information is collected and collated by a member of the school Administration Team and is recorded on the Whole School Medical List. It is updated annually;

- 3) Ensure that appropriate support and training for staff in the use of the emergency inhaler is provided in line with the school's wider policy on supporting pupils with medical conditions;
- 4) Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler (See Appendix L);

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver Asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities, provided it is done on an occasional basis and is not for profit. The supplier will need a request signed by the Headteacher (ideally on appropriately headed paper) stating:

- 1) The name of the school for which the product is required;
- 2) The purpose for which that product is required, and
- 3) The total quantity required.

Schools may wish to discuss with their Community Pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community Pharmacists can also provide advice on use of the inhaler. Schools should be aware that Pharmacies cannot provide inhalers and spacers free of charge and will charge for them.

With regard to care of the inhaler, Class Teachers should have responsibility for ensuring that:

- 1) On a termly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 2) That replacement inhalers are obtained when expiry dates approach;
- 3) During an incident, spacers should be available for use for an individual child and must be replaced following use;
- 4) The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use (providing it has been used with the spacer), or that replacements are available if necessary.

14. Keeping Emergency Adrenaline Auto-Injector (Epi-Pen) in School

In school, there are 2 emergency Adrenaline Auto-Injector (Epi-Pen). Both are located in the medical cupboard in Y1P Classroom.

The emergency Adrenaline Auto-Injector (Epi-Pen) can be used if the pupil's prescribed Adrenaline Auto-Injector (Epi-Pen) is not available (for example, because it is broken).

The main risk of allowing schools to hold an emergency Adrenaline Auto-Injector (Epi-Pen) is that it may be administered inappropriately to a child who does not require one.

It is essential therefore, that schools ensure that the emergency Adrenaline Auto-Injector (Epi-Pen) is only used by children who have one already prescribed and for whom written parental consent has been given.

In order to use this, the school will:

- 1) Have a register of children in the school that have been prescribed an Adrenaline Auto-Injector (Epi-Pen). This information is stored on the Whole School Medical List available on Microsoft Teams;
- 2) Ensure that the emergency Adrenaline Auto-Injector (Epi-Pen) is only used by children who already have an Adrenaline Auto-Injector (Epi-Pen) prescribed with written parental consent for use. (See Appendix M). This information is collected and collated by a member of the school Administration Team and is recorded on the Whole School Medical List. It is updated annually;
- 3) Ensure that appropriate support and training for staff in the use of the emergency Adrenaline Auto-Injector (Epi-Pen) is provided in line with the school's wider policy on supporting pupils with medical conditions;
- 4) Maintain records of use of the emergency Adrenaline Auto-Injector (Epi-Pen) and informing parents or carers that their child has used the emergency Adrenaline Auto-Injector (Epi-Pen) (See Appendix N);

15. Self-Management

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

Pupils will be allowed to carry their own medicines e.g. an inhaler if a parent wishes this.

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/carers so that an alternative option can be considered, if necessary.

Consent must be sought from the Parent/Carer for a pupil to carry their own medication e.g. an inhaler. (See Appendix J)

16. Return/Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired or unused medicines are returned to a Pharmacy for safe disposal. If parents fail to collect the medication, they will be contacted by a member of school staff to remind them to do so.

They should also collect medicines held at the end of each term.

Any returned medicines should be documented on the 'Administration of Medication Form' and the associated IHP amended accordingly by the person responsible for administering the medication.

If parents do not collect all medicines, the School Business Manager is responsible for taking these to a local Pharmacy for safe disposal. The School Business Manager will record this on the 'Administration of Medication Form' and inform parents.

It is the parent/carer's responsibility to replace medication which has been used or expired, at the request of school staff.

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority. The School Business Manager will liaise with the Local Authority/external agencies if a SHARPS box is required.

17. 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/carers.
- 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/carers, 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/carer 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/carers to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

18. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and aprons where appropriate and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

The school will ensure that any member of school staff providing support to a pupil with medical needs has received suitable training. 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.

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.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

19. Children Requiring Emergency Medication

The Individual Healthcare Plans should detail the pupils and circumstances when emergency medication is required. All emergency medication must be readily available and located in an accessible place in a school, which has been communicated to staff and relevant pupils.

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/carer arrives, or accompany the pupil to hospital by ambulance.

20. Early Birds (Before School Club) and After School Club (ASC) Medical Procedure

Early Birds (Before School Provision)

- a. If a parent/carer brings in medication to school before 8.30am for a pupil who attends Before School Club (Early Birds), the Before School Club Manager (BSC Manager) should complete the relevant paperwork.
- b. The BSC Manager should ensure the relevant Parent/Carer Consent Form is completed **with the parent/carer not by** the parent/carer so any questions or queries can be asked prior to acceptance. Care should be taken to ensure the correct Parent/Carer Consent Form is completed – Prescription Medication (green) or Non-Prescription Medication (orange).
- c. The BSC Manager should sign the Parent/Carer Consent Form and then pass this to the School Business Manager when they arrive at school.
- d. The School Business Manager must then follow the relevant steps as outlined in the Policy under Section 7 – Administration of Medication.
***There should be no requirement for any staff in BSC to administer medication before school, as this would be the responsibility of the parent/carer before the pupil has come to school.**

Night Owls (After School Provision)

- a. It is the responsibility of the School Business Manager to let the Before and After School Club Manager (BASC Manager) know if any medication signed into school needs to be returned to the parent/carer of a pupil who attends ASC at the end of the day.
***There should be no requirement for any staff in ASC to administer medication after school, as this would be the responsibility of the parent/carer when the pupil is collected/taken home.**
****There may be some exceptional circumstances which must be discussed with the Headteacher before medication is administered.**
*****Any staff involved in the administration of medication, must follow the 'Administration of Medication Procedure.'**

20. Training

Staff managing the administration of medicines and those who administer medicines receive training and support from health professionals, to achieve the necessary level of competency before they take on responsibility to support children with medical conditions (see Appendix 'G').

This training is refreshed at suitable intervals as advised and a minimum requirement is every 3 years.

This training is made reference to as part of the induction arrangements for new staff.

21. Monitoring of Medication in School

- a. Photocopies of the Parent/Carer Consent Forms are stored securely in the School Office. These are regularly monitored by the Senior Leadership Team so the Senior Leadership Team have an awareness of the types of medication in school and whether this medication is being administered on a long or short term basis.
- b. Administration of Medication Forms for medication stored in the classroom e.g. inhalers and Adrenaline Auto-Injectors (Epi-Pens) will be monitored by the Middle Leadership Team each half term. The Senior Leadership Team will carry out a 'spot check' each half term.
- c. Administration of Medication Forms for medication stored in the First Aid Room e.g. Controlled Drugs such as ADHD medication, will be monitored by the Senior Leadership Team every half term.
- d. Both Senior and Middle Leaders will also carry out a visual check of the Parent/Carer Consent Form that accompanies the medication when medication is monitored to ensure this has been completed correctly in line with the policy.

22. Transportation of Medication

In circumstances where the school provides transport for pupils e.g. for an Educational Visit, Sporting Tournament, a lockable box must be taken by the Class Teacher(s) leading the trip.

Any controlled drugs must be placed in the lockable box for the duration of the journey/during the educational visit/sporting tournament, until the point in which the medication is administered. At this point, the box may be opened.

Once the medication has been administered, it should be returned to the lockable box for safe storage for the remainder of the Educational Visit/Sporting Tournament.

If a child requires emergency medication, this will be placed in a separate box/container/bag so that it is easily and immediately accessible.

On arrival back to school, the Class Teacher is responsible for the safe return of the medication to the First Aid Room.

During Educational Visits/Sporting Tournaments, a designated member of staff (usually the First Aider) takes responsibility for any medication required.

23. Day Trips, Residential Visits and Sporting Activities

Arrangements must be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities (including physical education lessons) and not prevent them from doing so, unless it is otherwise stated in their Individual Healthcare Plan.

Teachers and/or other designated school staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Arrangements should be made for the inclusion of pupils in such activities with any reasonable adjustments as required; unless evidence from a clinician such as a GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely in school trips and visits, or in sporting activities. The school must carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

When storing or transporting medicines for day trips, residential visits and sporting activities, the school should refer to the 'Transportation of Medication' and 'Storing Medicines' sections within this Policy.

24. Children Missing Education - Absence

Pupils who are absent because of illness can be supported through liaison with the pupil's parents.

This may be through schoolwork being provided for completion at home as soon as the pupil is able to cope with it.

Alternatively, it may be possible for part-time education at school or a gradual phased return to full-time attendance. The school will give due consideration to which aspects of the curriculum are prioritised, in consultation with the pupil, their family and relevant members of staff.

Reasonable adjustments will be made to allow the pupil to access a suitable full time education (or as much as the child's health condition can manage) in line with statutory guidance 'Supporting pupils at school with medical conditions'.

This may include arrangements for school work being sent home for short periods of absence, a part-time time table or remote learning.

Where a pupil is, or likely to be, absent for a period of 15 days or more due to a medical condition, the school's Attendance Lead should notify the Local Authority Education Welfare Service (EWS) for advice.

25. Emergency Procedures

The Individual Healthcare Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Individual Healthcare Plans and appreciate that other emergency situations may occur.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

Back-up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities.

At different times of the day other staff may be responsible for children, such as Lunchtime Supervisors. It is important that they are also provided with training and advice.

Other children should know what to do in the event of an emergency, such as, telling a member of staff.

26. Transport to Hospital

Where the Headteacher/person responsible for the child considers that hospital treatment is required, the school should contact the Emergency Services for advice and follow it.

Parents must be contacted and informed of the situation.

If a child needs to be taken to hospital, staff must stay with the child until the parent arrives to accompany the child, or accompany a child taken to hospital by Ambulance and stay with the child until their parents/guardians arrive.

Schools need to ensure they understand the local Emergency Services cover arrangements and that the correct information is provided for navigation systems.

If, despite being fully appraised of the situation, the Emergency Service does not consider it necessary for transport by Ambulance, but the school considers that further medical advice is required, the school should contact the pupil's next of kin.

If the next of kin cannot be contacted and/or do not have access to own transport, the school can, **only in these exceptional circumstances** arrange to transport the injured person using their school staff transport.

They must be accompanied by an additional responsible adult to support the injured person.

Please note: All staff have Business Insurance cover as part of our school insurance policy which would allow you to use your car for occasional use for this purpose in an emergency situation such as this.

27. Liability and Indemnity/Insurance

Schools using Other Insurers:

Schools choosing not to use St Helens Council's Insurance Scheme should check with their own Insurers that the same cover applies.

Staff should have regard to any local guidance issued by appropriate Health Service staff.

An indemnity statement is also included on the Parent/Carer Consent Forms for both Prescription and Over the Counter (OTC)/ Non-Prescription medication.

28. 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.

29. Review and Evaluation

This policy will be reviewed on an annual basis, to ensure that it continues to be effective and applicable and is in accordance with relevant legislation.

30. Links to Other Policies

- Child Protection and Safeguarding Policy
- School Complaint's Procedure
- First Aid Policy
- Health & Safety Policy
- Accessibility Plan
- Equality Policy
- SEND Policy