St. Margaret Mary's Catholic Junior School

Pilch Lane
Liverpool
L14 0JG

Supporting Pupils at School with Medical Conditions Policy & Procedures

Policy Co-ordinator	R Culley
Date of approval/ratification by Committee	September 2026
Date for renewal	September 2027

Mission Statement:

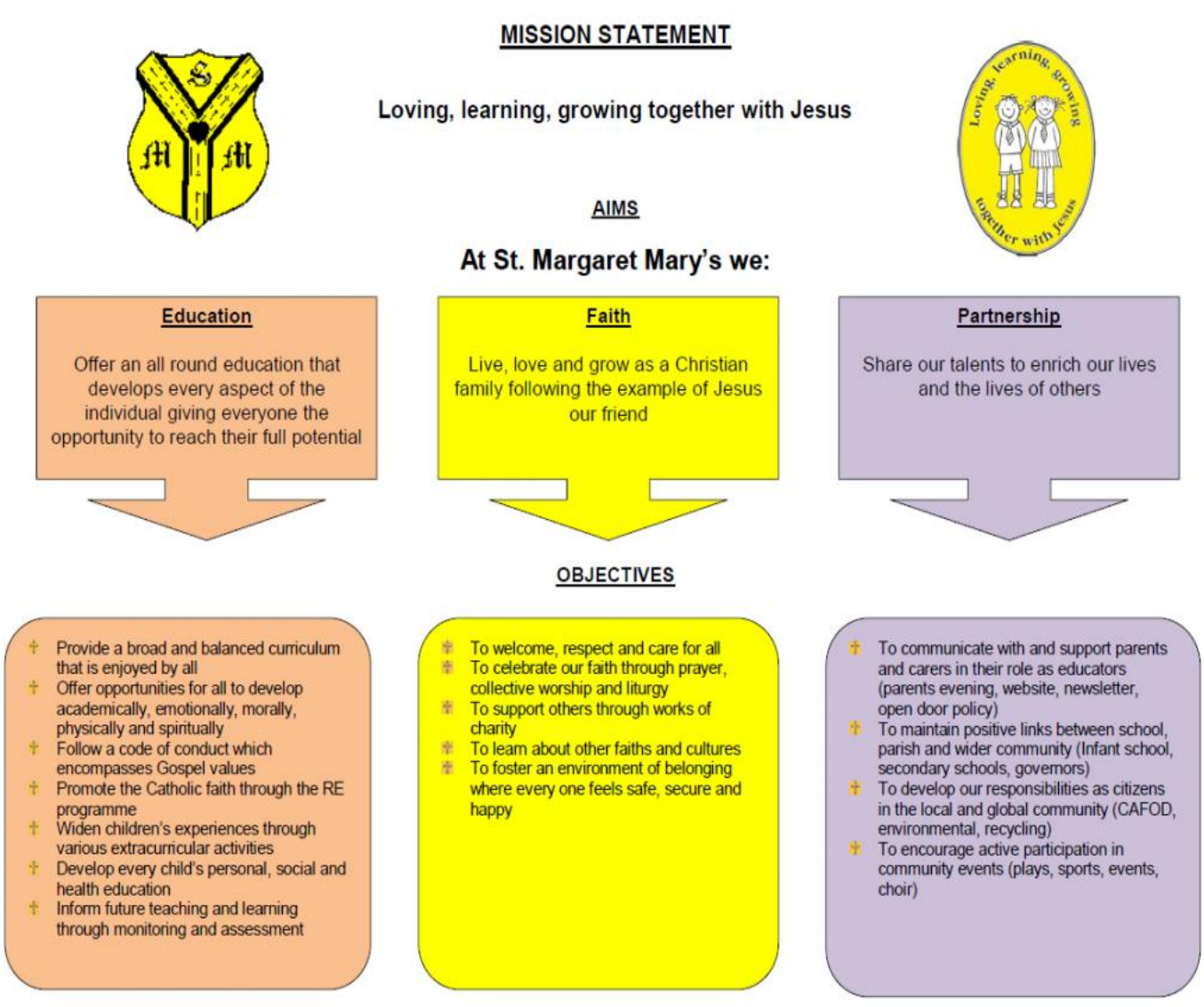
Loving, learning, growing together with Jesus

1. Context

This policy and its associated procedures are set in the context of the following legislation and guidance:

- The Children and Families Act 2014 Section 100
- Statutory Guidance Supporting pupils at school with medical conditions
- Equality Act 2010
- Special Educational Needs Code of Practice 2014

The policy should also be considered in the context of our ethos, mission and values.



2. Key Aims

- All pupils at St Margaret Mary's Catholic Junior school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Governing Body will ensure that arrangements are in place in the school to support pupils with medical conditions.
- The Governing Body will ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

3. Objectives

- To ensure children with medical conditions are appropriately supported, 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.
- To liaise with parents and appropriate health care providers to ensure the pupil's needs are met as fully as is reasonably possible.
- To facilitate reintegration after long periods of absence for medical reasons.
- To manage short term frequent absences through ill health to ensure the pupil does not fall far behind their peers.
- Where deemed necessary to provide an Individual Health Care Plan (see Form 2)

4. Implementation of appropriate procedures

(a) Responsibilities

- The Deputy Headteacher, will be the person responsible for oversight of procedures including the appropriate training of relevant staff.
- All relevant staff will be informed of the pupil's condition.
- Cover arrangements will be planned in the case of absence of a relevant member of staff.
- Supply teachers will be appropriately briefed regarding the pupil's needs.
- Appropriate risk assessments will be undertaken for any educational visits or out of school activities.
- Mrs Culley will oversee the monitoring of the pupil's Individual Healthcare Plan (IHP).

(b) Notification of a medical condition

- Arrangements will be put in place to receive a pupil via transition, reintegration or diagnosis.
- Appropriate medical advice will be sought and staff trained.
- Where entry into school is mid-term, arrangements will be put in place within two school weeks.

5. Individual Health Care Plans

- The person responsible for the establishment and monitoring of an individual health care plan is the Deputy Headteacher.
- IHPs will be reviewed at least annually or on the receipt of evidence which indicates the pupil's needs have changed.
- An IHP will be drawn up in consultation with parents, the pupil and relevant health care professionals.
- The following aspects should be included in the IHP:

- 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.

- 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 will be clearly stated with appropriate arrangements for monitoring;
- details of 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;
- 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 headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the 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.

6. Role of Parents

Parents should provide appropriate and relevant information at the earliest opportunity and also implement any agreed strategies in the IHP.

7. Role of pupils

The relevant pupil should, where appropriate, be involved in their own health care plan and management of their condition. Pupils who are sufficiently competent will be enabled to manage their condition and medication with appropriate support where necessary

8. Roles of staff, school nurse, other healthcare professionals, Local Authority and the Clinical Commissioning Group.

- Staff will receive appropriate training before they take on responsibility for pupils with medical conditions.
- The school nurse may support staff in the implementation of a pupil's IHP
- Other healthcare professionals should notify the school of any specific needs required to support a pupil with a medical condition.
- Where a pupil's needs cannot be met within the school the Local Authority has a duty to make other arrangements.
- CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of vulnerable children whilst in school.

9. Staff Training

- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training
- Appropriate training will be provided for all relevant staff.
- Preventative and emergency measures will be provided so that staff can act swiftly in an emergency.

10. Administering of medicines

- Medicines should only be administered at the school where it would be detrimental to the pupil's health or attendance not to do so.

- No pupil under the age of 16 will be given prescription medicines without the written permission of the parents. (See **Form 2a and 4a)**
- No pupil under the age of 16 will be given a medicine containing aspirin unless prescribed by a doctor. Other pain relief medication should never be provided without checking the maximum dosage, when a previous dose was taken and parents must be informed.
- The school can only accept prescribed medicines if in original container and with clear instructions for administration, dosage and storage. The only exception to this may be insulin which must be in date but may be stored in a pen or pump.
- All medicines must be stored safely and accessible immediately. Medicines and devices such as asthma inhalers, blood glucose testers and adrenaline pens must always be readily available and never locked away. Consideration should be given under risk assessments for medicines on school trips.
- Unused medicines will be returned to parents. Sharps boxes will be used for the disposal of needles.
- Controlled drugs must be easily available in an emergency and a record kept of any dosage administered.
- Staff may administer a controlled drug in accordance with prescriber's instructions and a central record kept.
- Any side effects should be noted and reported.

11. Record Keeping

A central written record will be maintained noting the administering of any medicine, including, date, time, dosage and any side effects. Parents will be notified of any medicines administered.

12. Emergencies

- In the event of an emergency staff should follow procedures laid out in the pupil's individual healthcare plan.
- Should the pupil require hospital a member of staff will remain with the pupil until a parent arrives.
- Staff supervising trips should be aware of the relevant risk assessments and emergency procedures and should be equipped with a mobile phone.

13. Unacceptable Practice

The following is deemed as unacceptable:

- Preventing a pupil from accessing an inhaler or necessary medication.
- Assuming a pupil with the same condition requires the same treatment.
- Ignoring the views of the pupil or parent.
- Sending a pupil home frequently for reasons associated with their medical condition or preventing them for staying for normal school activities, unless it is stated in their IHP.
- If a pupil becomes ill sending them to an office or medical room unaccompanied or with someone unsuitable.
- Preventing a pupil from drinking, eating, accessing the toilet or other breaks to meet the requirements of their medical condition.
- Requiring a parent to attend school to administer medication.
- Preventing a pupil from accessing an educational visit by requiring a parent to accompany them.

14. The School provides an appropriate level of insurance:

Staff are covered by the appropriate insurance arrangements when following the procedures as laid out above. (10. Administering medication)

15. Complaints procedures

In the first instance any complaint should be raised with the Deputy Headteacher, who will refer to the appropriate senior member of staff. Should the complaint not be resolved at this stage the parent may refer to the school's Complaints Procedure, a copy of which is available on our website or from the main school office.

16. Monitoring and Review

The policy will be monitored by means of SENCO reports and will be reviewed annually by the relevant governors' committee and amended in the light of any legislative changes as appropriate.

Appendix 1: Individual Health Care Plan Forms

St Margaret Mary's Catholic Junior School

Individual Health Plan

Form 2

For pupils with complex health needs at school

Pupil Information

Child's name:_____ Class: _____

DOB:_____ Male / Female

Address: _____

Date form completed:_____ Date for review: _____

Family Contact 1

Name: _____ Relationship with child: _____

Phone: (day) _____ Phone: (evening) _____

Mobile: _____

Family Contact 2

Name: _____ Relationship with child: _____

Phone: (day) _____ Phone: (evening) _____

Mobile: _____

Reviewed by:_____ Date:_____ Changes to Individual Health Care Plan: Y N

Reviewed by:_____ Date:_____ Changes to Individual Health Care Plan: Y N

Reviewed by:_____ Date:_____ Changes to Individual Health Care Plan: Y N

Copies held by:_____

GP

Name:_____

Phone:_____

Specialist Contact

Name:_____

Phone:_____

Medical Information

1. Details of pupil's medical conditions

Medical condition: _____

Signs and symptoms of the pupil's condition:_____

_____

Triggers or things that make this pupil's condition/s worse:_____

_____

2. Routine healthcare requirements

(for example dietary, therapy, nursing needs or before physical activity)

During school hours:_____

_____

Outside of school hours:_____

_____

3. What to do in an emergency

_____

_____

_____

4. Regular medication taken during school hours

Medication 1

Name / type of medication: (as described on the container) _____

_____

Dose and method of administration: (the amount taken and how the medication is taken eg tablets, inhaler, injection) _____

_____

When is it taken: (time of day) _____

Are there any side effects that could affect this pupil at school:_____

_____

Are there any contradictions: (signs when this medication should not be taken) _____

_____S

elf-administration: can the pupil administer the medication his / herself?

(Delete as appropriate) Yes No Yes, with supervision by

Staff member's name: _____

Medication expiry date:_____

Medication 2

Name / type of medication: (as described on the container) _____

_____

Dose and method of administration: (the amount taken and how the medication is taken eg tablets, inhaler, injection _____

_____

When is it taken: (time of day) _____

Are there any side effects that could affect this pupil at school:_____

_____

Are there any contradictions: (signs when this medication should not be taken) _____

_____

Self-administration: can the pupil administer the medication his / herself?

(Delete as appropriate) Yes No Yes, with supervision by

Staff member's name: _____

Medication expiry date:_____

5. Emergency Medication

(please complete even if it is the same as the regular medication)

Name / type of medication: (as described on the container) _____

_____

Describe what signs or symptoms indicate an emergency for this pupil: _____

_____

Dose and method of administration: (how the medication is taken and the amount) _____

_____

Are there any side effects that could affect this pupil at school:_____

_____

Are there any contradictions: (signs when this medication should not be taken) _____

_____

Self-administration: can the pupil administer the medication his / herself?

(Delete as appropriate) Yes No Yes, with supervision by

Staff member's name: _____

Is there any follow-up care necessary?:_____

Who should be notified? (delete as appropriate) Parent / Carer Specialist GP

6. Regular medication taken outside of school hours

(background information and to inform planning for residential trips)

Name / type of medication (as described on the container) _____

_____

Are there any side effects that the school needs to know about that could affect school activities:

_____

_____

7. Members of staff trained to administer medications for this pupil:

Regular medication: _____

Emergency medication: _____

8. Specialist education arrangements required:

(eg. activities to be avoided, special educational needs)

_____

_____

_____

9. Any specialist arrangements required for off-site activities:

(please note the school will send parents /carers a separate form prior to each residential visit / off site activity)

_____

_____

_____

10. Any other information relating to the pupil's healthcare in school? _____

_____

_____

_____

_____

_____

_____

_____

Parent and pupil agreement

I agree that the medical information contained in this plan my be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed :(pupil) _____ Name: _____ Date: _____

Signed: (parent) _____ Name:_____ Date: _____

Healthcare professional agreement

I agree that the information is accurate and up to date.

Signed:_____ Date:_____

Print name:_____ Job title:_____

Permission for emergency medication

I agree that my child can be administered their medication by a member of staff in an emergency.

I agree that my child can / cannot keep their medication with them for use when necessary.

Name of medication carried by pupil carried by pupil:_____

Signed: (parent)_____ Date:_____

Head teacher agreement

It is agreed that (name of child): _____ Class: _____

Will receive the above listed medication at the above listed time (see point 4)

Will receive the above listed medication at the above listed time (see point 5)

This agreement will continue until: _____

(either end date of course of medication or until unstructured by the pupil's parents / carers)

Appendix 2: Individual Health Care Plan Forms

St Margaret Mary's Catholic Junior School

Medication Permission and Record: Individual Pupil

Form 4a

Pupil's information

Name of Child:_____ Class:_____

Date medication provided by Parent / Carer:_____

Name of medication: _____

Dose, Time, method (how much taken and when): _____

Quantity received: (from parent /carer)_____

Any other information:

_____

_____

Expiry date:_____

Parent / Carer emergency contact:_____

Parent / Carer Signature:_____

Staff signature:_____

Date:_____

OFFICE USE

Return of Medication

Date medication returned to parent:_____

Quantity returned:_____

Staff signature:_____

Parent / Carer signature:_____

Date:_____