



# St Paul's Catholic Primary School

## Medical Needs And Administration of Medication Policy

<b>Mission:</b> <i>Our pupils and all members of our school community encompass, celebrate and live our values by:  Journeying together, The St Paul's Way.</i>
<b>Our Vision:</b> <i>An exceptional community where acceptance, compassion and diversity is valued. We will encourage and inspire our children to serve God for the good of all, to excel in their learning and be resilient and caring.  Our community will recognise, celebrate and protect God's gift of the world through the provision of a creative, relevant and ambitious curriculum which enables our children to be confident and prepared for modern life.</i>
<b>Our Values:</b> <i>Respect, Friendship, Perseverance, Honesty, Caring, Thankfulness and Confidence which are rooted in the Gospels of Jesus Christ and we support and encourage those values which form our modern British Society  – Democracy, Rule of Law, Individual liberty, mutual respect and tolerance (value) of those of different faiths and beliefs.</i>

Signed (chair): <i>C Lawler.</i>	Name:	Date:
Signed (Head):	Name:	Date:
Ratified by:  EE Committee on 4 <sup>th</sup> Feb 2025 Governing Body on: 18 <sup>th</sup> March 2025		Next Review: Annual Review Required  Spring 2026

### Links with other Policies:

Asthma Management Policy  
Health and Safety and First Aid Policy

## Equality Impact Assessment (EIA)

### Part 1: EIA Screening

<b>Policies, Procedures or Practices</b>		<b>Date</b>	Feb 2025
<b>EIA CARRIED OUT BY:</b>	Carol Lawler	<b>EIA APPROVED BY:</b>	Maxine Sewell

Groups that may be affected:

Are there any concerns that the policy could have a different impact on any of the following groups? (please tick the relevant boxes)	Existing or potential adverse impact	Existing or potential for positive impact
Age (young people, the elderly: issues surrounding protection and welfare, recruitment, training, pay, promotion)		YES
Disability (physical and mental disability, learning difficulties; issues surrounding access to buildings, curriculum and communication).		YES
Trans Gender		YES
Marriage and civil partnership		YES
Pregnancy and maternity		YES
Racial Groups (consider: language, culture, ethnicity including gypsy/traveller groups and asylum seekers)		YES
Religion or belief (practices of worship, religious or cultural observance, including non-belief)		YES
Gender (male, female)		YES
Sexual orientation (gay, lesbian, bisexual; actual or perceived)		YES

Any adverse impacts are explored in a Full Impact Assessment.

### 1 – STATEMENT

St Paul's Catholic Primary School will properly support pupils at school with medical conditions so that they have full access to education, including school trips and physical education. Our school will also put in place procedures to deal with emergency medical needs.

This Policy will be regularly reviewed and updated by the Ethos, Environment and Enrichment (EEE) Committee on an annual basis. The overall responsibility for the effective implementation of this policy is held by Maxine Sewell (Head teacher).

This school will work together with local authorities, health professionals and other support services to ensure that children with medical needs 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 will be given to how children will be reintegrated back into school after periods of absence.

No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at school at times where it would be detrimental to the health of that child or to others.

### **1 – Children with Health Needs Who Cannot Attend School**

The school will work with South Gloucestershire Local Authority and all relevant Health Professionals to support all children with long term health needs who are unable to attend school. These children will have their own learning plan as appropriate to their needs. Please refer to the DFE Documents: Ensuring a good education for children who cannot attend school because of Health Needs -Ref: DFE-00307-2013PDF, 360KB, 12

### **2 - PROCEDURES**

The following procedures are to be followed when notification is received that a pupil has a medical condition.

**2.1** A parent or a health care professional informs the school that a child:

- has been newly diagnosed, or;
- is due to attend a new school, or;
- is due to return to school after a long-term absence or
- has medical needs that have changed

**2.2** The head teacher co-ordinates a meeting to discuss the child's medical support needs, and identifies the member of school staff who will provide support to the pupil.

**2.3** A meeting will be held to discuss and agree on the need for an Individual Healthcare Plan (IHCP). The meeting will include key school staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them).

**2.4** An IHCP will be developed in partnership, and the meeting will determine who will take the lead on writing it. Input from a healthcare professional must be provided.

**2.5** School staff training needs will be identified and actioned.

**2.6** Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for the training will be agreed.

**2.7** The IHCP will then be implemented and circulated to all relevant staff.

**2.8** The IHCP will be reviewed annually or when the medical condition changes. The parent or healthcare professional will initiate the review.

**2.9** For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. 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.

### 3 – INDIVIDUAL HEALTH CARE PLANS (IHCP)

**3.1** Not all pupils with medical needs will require an IHCP. The school together with the healthcare professional and parent will agree, based on evidence, whether a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Head teacher will take the final view.

**3.2** The format of the IHCP will depend on the child's condition and the degree of support needed. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their healthcare plan.

**3.3** The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's needs including medication and other treatments;
- 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;
- Who will provide this support, their training needs, expectation of their role and confirmation of proficiency, and cover arrangements for when absent;
- Who in school needs to be aware of the child's condition and required support;
- 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; and
- 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.

### 4 – ROLES AND RESPONSIBILITIES

#### 4.1 Governing Body

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

#### 4.2 Headteachers

- Ensure that their school's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff that needs to know is aware of the child's condition.
- Ensure sufficient numbers of trained staff are available to implement and deliver all required IHCPs.
- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements.
- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure the Sirona School Nurse Health Service is aware of children with medical conditions.

#### 4.3 School staff

- 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.
- Should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **4.4 Sirona School Nurse Health Service**

- The School will be responsible for notifying the service when a child has been identified as having a medical condition which will require support in school.
- The service will then support staff to implement IHCPs, providing advice and training.
- The Service will liaise with lead clinicians locally on support for child and associated staff training needs.

#### **4.5 Healthcare professionals (GPs etc.)**

- Notify school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHCPs.

#### **4.6 Pupils**

- Full involvement in discussions about their medical support needs.
- Contribute to the development of, and comply with, IHCP.

#### **4.7 Parents**

- Provide the school with sufficient and up to date information about their child's medical needs, using the schools Request to Administer Medication and Asthma Care Plan (see appendices 1 & 2).
- Contribute to the development of the IHCP, where applicable.
- Carry out any action they have agreed to as part of the IHCP implementation.

#### **4.8 Local Authority**

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Where a pupil would not receive a suitable education in a mainstream school because of their health needs, to make other arrangements.

### **5. STAFF TRAINING AND SUPPORT**

**5.1** Any member of school staff providing support to a pupil with medical needs will receive suitable training.

**5.2** The relevant healthcare professional will normally lead on identifying the type and level of training required. The training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

**5.3** School staff will not give prescription medicines or undertake healthcare procedures without appropriate training.

**5.4** All school staff will be made aware of the school's policy for supporting pupils with medical conditions, and their role in implementing that policy.

### **6. CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

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**6.1** Where a child is deemed competent to manage their own health needs and medicines, this should be reflected in their IHCP.

**6.2** Wherever possible children can access their own medicines and relevant devices, for self-medication quickly and easily, but with an appropriate level of supervision.

### **7. ADMINISTERING MEDICINES ON SCHOOL PREMISES**

**7.1** Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so by trained staff (where available) or staff volunteers. If parents wish medication to be administered to their child they should ask for a **REQUEST TO ADMINISTER MEDICATION FORM (Appendix 1)**, complete it and return it to the school office along with the medication

**7.2** No child under 16 will be given prescription medicines without their parent's written consent.

**7.3** No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

**7.4** Wherever possible prescribed medicines should be taken outside school hours.

**7.5** The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist (except insulin which may be in a pen or pump and Epi pens) and accompanied by the Request to Administer Medication Form which includes their instructions for administration, dosage and storage.

**7.6** All medicines will be safely stored in a location which is known and accessible to the child.

**7.7** Where a child has been prescribed a controlled drug, they may legally have it in their possession if they are competent to do so, but passing it to another child is an offence and will be dealt with accordingly. However, at St Paul's Catholic Primary school, all controlled drugs will be managed by school staff, stored securely and administered by school staff.

**7.8** The school will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom.

**7.9** When no longer required medicines will be returned to parents to arrange for safe disposal.

**7.10** If a child needs non-prescription medication during the school day, parents/carers will be required to bring the medication into school and to administer this to their child.

## **8. EMERGENCY PROCEDURES**

**8.1** Each IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

**8.2** If a child is taken to hospital, a member of school staff will stay with the child until the parent arrives.

## **9. USE OF EMERGENCY SALBUTAMOL INHALERS**

**9.1** From October 2014 schools have been allowed to keep a salbutamol inhaler for use in emergencies. The school have discussed this issue and the current decision is that a salbutamol inhaler will not be held in school although this decision will be reviewed on an annual basis.

**9.2** In an absolute emergency where the child needed a salbutamol inhaler and theirs was unavailable an alternative child's would be used.

**Please read the Asthma Management Policy**

## **10. DEFIBRILLATOR PROVISION**

**10.1** A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. This school has a defibrillator, it is located on the wall outside the school office. First Aid trained Staff have had initial training on how to use it. The St John's Ambulance training video has been shared with staff.

## **11. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES**

**11.1** Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities.

**11.2** School will consider what reasonable adjustments may be required to enable children with medical needs to participate fully and safely on trips and visits. This will be considered as part of the activity risk assessment to take account of any steps needed to ensure that pupils with medical conditions are included.

**11.3** All medicines, including inhalers, are routinely taken off-site, out to PE and to any activity where the child may need to use it.

## **12. UNACCEPTABLE PRACTICE**

**12.1** The following is regarded by the school as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child, parents or medical professionals;
- Sending children with medical conditions home frequently, or preventing them from staying for normal school activities;
- Penalising children for their attendance record if their absences are related to their medical condition;
- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents to attend school to administer prescribed medication or provide medical support to their child including toileting issues if an IHCP is in place; and
- Preventing children from participating, or creating unnecessary barriers to children participating, in any aspect of school life, including school trips.

## **14. COMPLAINTS**

**14.1** If parents or pupils are dissatisfied with the support provided by the school to pupils with medical conditions, they should discuss their concerns directly with the school. If the issue remains unresolved, they may make a formal complaint via the school's complaint procedure, details of which are available on the school website or from the school office.

## **15. APPROVAL AND REVIEW**

This policy will be reviewed annually unless there are any statutory changes or practice indicates change is needed.

**15.1** This Policy was updated and approved by Ethos, Environment & Enrichment Committee on 4<sup>th</sup> February 2025 and by the FGB on 18<sup>th</sup> March 2025

**15.2** This Policy will be reviewed by the Ethos, Environment & Enrichment Committee and FGB in spring 2026



Parents/guardians are advised that unless this form is completed and signed, the school will not administer medication to your son/daughter/ward. The Headteacher and staff must still agree to administer medication as this is a purely voluntary act on their part.

#### DETAILS OF PUPIL

Surname\_\_\_\_\_ Forename(s)\_\_\_\_\_

Home  
address\_\_\_\_\_

Date of birth\_\_\_\_\_ Class/Form\_\_\_\_\_

#### CONDITION OR ILLNESS

Type of condition or illness\_\_\_\_\_

Name & type of medication\_\_\_\_\_  
(as described on container)

Number of day's medication needed\_\_\_\_\_

Date of medication  
expiry\_\_\_\_\_

#### FULL DIRECTIONS ON USE

Dosage &  
method\_\_\_\_\_

Timing\_\_\_\_\_

Special  
precautions\_\_\_\_\_

#### CONTACT DETAILS

Name of parent/guardian\_\_\_\_\_

Address\_\_\_\_\_

Daytime contact number\_\_\_\_\_ Alternative contact  
number\_\_\_\_\_

**I understand that I must personally deliver the medication to Head/Secretary/Class teacher and accept that this is a voluntary service provided by the school.**

**Signature of parent/guardian**\_\_\_\_\_ **Date**\_\_\_\_\_





Handed to (Member of staff) \_\_\_\_\_

Date	Time	Medication	Dosage	Dose Given	Staff Signature

Appendix 2



## Asthma Record (Care Plan)

(To be issued to parent/carers when they have informed the school their child has been diagnosed with Asthma)

Child's Surname .....

Child's First Name .....

My child's details and contact numbers:

Date of Birth .....

Parent(s) name(s) .....

Telephone Home ..... Work .....

Mobile .....

Doctor (GP) name .....

Doctor (GP) telephone .....

Asthma nurse .....

Known triggers/allergies .....

Any other medical problems? .....

### My Child's Medication

Reliever medication (usually blue)

Medication name (e.g. SALBUTAMOL)	Device (e.g. diskhaler)	Dose (e.g. 1 blister)	When taken (e.g. when wheezy, before exercise)

### Other Medication -

Most preventers can be taken outside of school hours-check with your GP or Asthma nurse.

Medication name	How taken/device	Dose	When taken

(If your child uses their inhaler during the school day they will be given an "I used my inhaler sticker", If you require further information, please contact your child's teacher)

### Emergency Treatment

In the event of a severe asthma attack I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent/Carer)..... Date.....



**Key points for parents to remember:**

- This record is for your school.
- Remember to update it if treatment is changed.
- Remember to check you have enough inhaler doses and that the inhaler is in date and labelled by the pharmacist with your child's name and dosage details.

The section below is to be completed by school staff.

Has this child got a healthcare plan for any other condition?

Yes ☐ (discuss with school nurse service and record in table below)

No ☐

Asthma record checked by asthma admin link person (Andrea Twamley)

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Any concerns to be discussed by Headteacher and/or SENDCo with the child's parents/carers/school health advisor/school nurse and recorded below.

Record of discussion:	Actions arising and who will action and by when:	Signature/Date:



## **HOW TO RECOGNISE AN ASTHMA ATTACK**

**The signs of an asthma attack are;**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all the accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD;**

- Appears exhausted
- Has a blue/white tinge around the lips
- Is going blue
- Has collapsed



## WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of Salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If the ambulance does not arrive in 10 minutes give another 10 puffs in the same way