

THE PAINSLEY CATHOLIC ACADEMY



The Painsley Catholic Academy
Better Together

Medical Needs Policy

September 2023

1. Aims

This policy is underpinned by the Catholic Social Teachings of Human Dignity and Rights and Responsibilities. It aims to ensure that:

- › Pupils, staff and parents understand how our school will support pupils with medical conditions
- › Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Board of Directors and Local Governing Body will implement this policy by:

- › Making sure sufficient staff are suitably trained
- › Making sure Principals have a system of informing staff of a pupil's condition, where appropriate
- › Making sure Principals have cover arrangements to facilitate someone being always available to support pupils with medical conditions
- › Ensuring arrangements are in place to provide supply teachers with appropriate information about the policy and relevant pupils
- › Overseeing the arrangements for developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Mrs Sedgwick.

2. Legislation and statutory responsibilities

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

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

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

3. Roles and responsibilities

3.1 The Board of Directors and Local Governing Body

The Board of Directors has ultimate responsibility to make arrangements to support pupils with medical conditions. The Local Governing Body has a key role in achieving this aim by ensuring that the policy is in operation at a local level. Therefore, the LGB will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Principal

The Principal will:

- › Make sure all staff are aware of this policy and understand their role in its implementation
- › Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- › Take overall responsibility for the development of IHPs
- › Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- › Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- › Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

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

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

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

3.4 Parents

Parents will:

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

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

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

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also support staff to implement a child's IHP.

4. Equal opportunities

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

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

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

5. Being notified that a child has a medical condition

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

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

See Appendix 1.

6. Individual healthcare plans

The Principal has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Mrs Sedgwick.

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

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Principal will make the final decision.

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

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The LGB and the Principal/Mrs Sedgwick will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate. Where a child has an IHCP, consideration for what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits needs to be made on the IHCP and the EVC informed. A risk assessment must be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

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

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents. In this instance, the school health team will be consulted.

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

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

Dosage:

- One 500mg tablet or 5ml liquid only to be administered after 12.30pm but before 3.00pm in case doses have been given in the morning and further medication is consumed.
- These can only be issued by Mrs Sedgwick or any other first aider

This will only be administered when:

- Consent has been obtained from a Parent/Carer with Parental Responsibility.
- Should a pupil ask for paracetamol and a medical consent form has not been completed the parent will be contact by telephone.
- The parent will be encouraged to send in their own supply with a signed 'Medical consent Form'
- A note of the dosage is recorded in the Daily Medical Log with the time given.
- Daily Medical Logs will be filed and kept for a maximum of 15 years – i.e. until a child is 21 years of age. Name will be responsible for the daily record and their safe storage, recognising data protection issues.

7.1 Controlled drugs

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

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

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

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

7.3 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

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

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Mrs Sedgwick. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

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

For diabetes, asthma and anaphylaxis, staff training will occur each academic year. This will be done through liaison with the school nurse. First aiders will receive enhanced training for specific medical conditions as per the ICHP as needs present, recommended by the lead health professional.

10. Record keeping

The LGB will ensure that the Principal maintains written records of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

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

11. Liability and indemnity

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

The details of the school's insurance policy are:

Zurich Insurance. The policy covers staff providing support to pupils with medical conditions. The insurance policy provides liability cover relating to the administration of medication.

12. Complaints

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

13. Monitoring arrangements

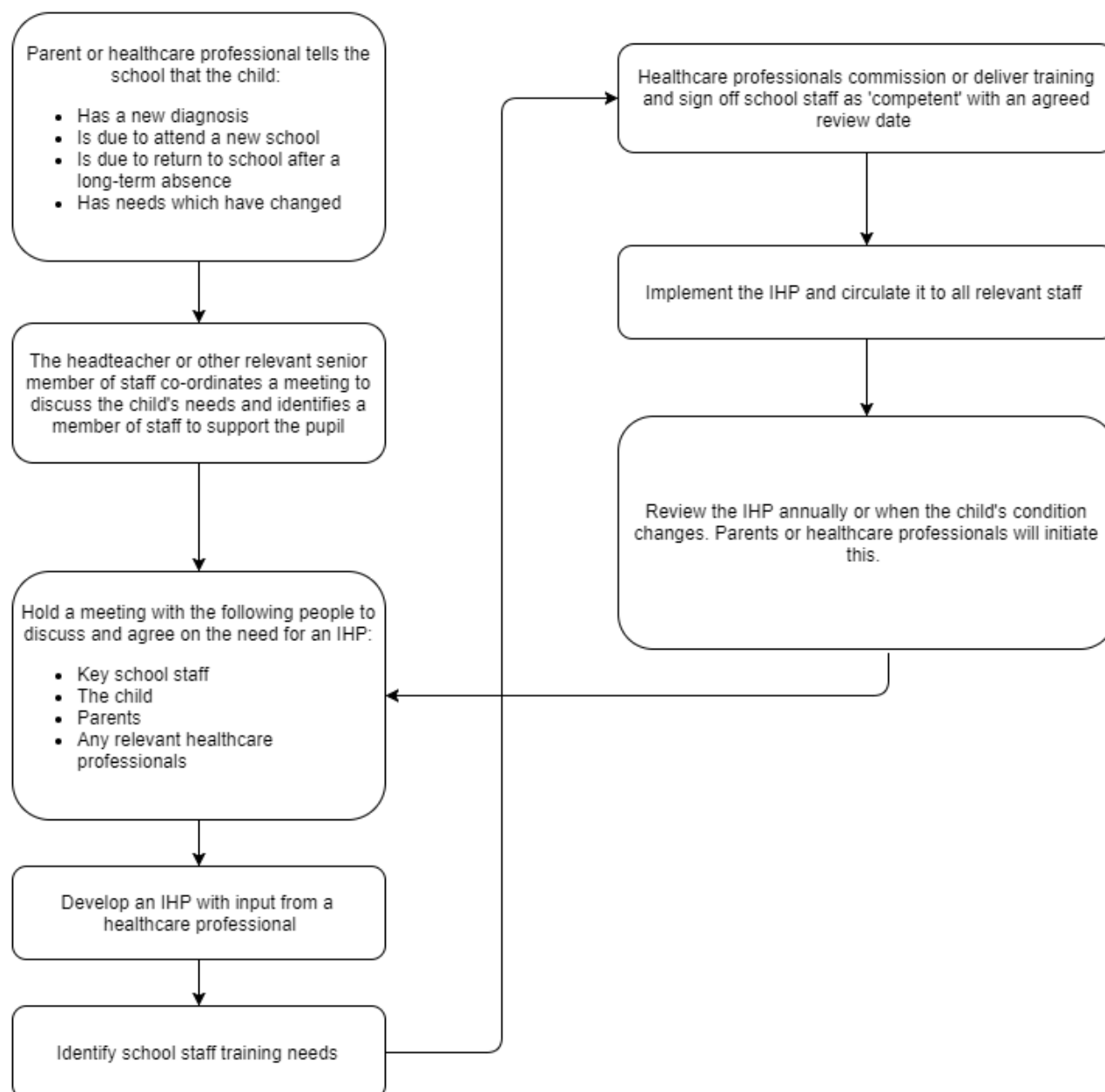
This policy will be reviewed and approved by the Board of Directors every 3 years.

14. Links to other policies

This policy links to the following policies:

- › Accessibility plan
- › Complaints
- › Equality information and objectives
- › First aid
- › Health and safety
- › Safeguarding
- › Special educational needs information report and policy
- › Asthma Policy

Appendix 1: Being notified a child has a medical condition



Individual Health Care Plan (IHCP) for a Pupil with Medical Needs

Photograph of pupil:

Pupil's Name	
Date of Birth	
Year	
GP Name & Surgery	
GP Telephone	
Consultant	
Special Arrangements	

Contingency arrangements if the emergency contacts are unavailable:

Medical Care Plan

Name:

Review Date:

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

Physical Management (the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self- managing their medication, this should be clearly stated with appropriate arrangements for monitoring and the procedure to follow if the child refuses their medication).

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

Medication *(including storage)*

Emergency Plan/Protocol

Fire Drill

Duty of Care (Carer/pupil)

Duty of Care (College)

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

Does this plan link to an EHCP Y / N

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

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

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

The person organising the trip must liaise with parents and school nurse (who will advise if a specialist needs input) as well as NAME if 'yes'. The EVC needs to be given a copy of this risk assessment.

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

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

How will support for the pupil's learning, emotional, social and educational needs be managed?

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

We/I give permission for the administration of medication as

outlined. Y / N Our son/daughter has permission to self-

medicate / administer. Y / N / N/A

In the case of life-threatening conditions, details of this care plan need to be shared with transport as a 'transport health care plan'.

Is a transport health care plan needed? Y / N

(Please attach to this plan as a record if yes)

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

Parental Signature Date.....

..... Date.....

Principal Signature

Date.....

School Nurse / Doctor

Date.....

Transport Health Care Plan Painsley Catholic Academy

Photograph of Pupil:

ROUTE and POINT OF PICK UP/DROP OFF:

Pupil's Name	
Date of Birth	
Year	
GP Name & Surgery	
GP Telephone	
Consultant	
Special Arrangements	
Signed	Parent: Transport company: School:

Administration of medicines records (all non-controlled drugs/medicines)

Name of Child: _____

Name of medication: _____

Condition being treated: _____

Date of instruction received from parent / carer: _____

Date course of medication commenced: _____

Prescribed dose and frequency ('as instructed' is not good enough – parents must ensure that this is clear on pharmacy labels):

Time of dose: _____

Method of administration: _____

Expiry date and any other valid details: _____

Date and time of administration / refusal	Administrator	Side effects (if any)	Signature of member of staff administering or pupil if self-administering

Parental / Pupil Consent form

PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

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

Personal details

Name of pupil:
Contact telephone number:
Condition or illness:

Medication

Name/type of medication: (as described on the container)
Special storage requirements:
Date dispensed:
How long will your child take this medication?

Full directions for use

Dosage:
Frequency/timing:
Method:
Any particular problems with administration?
Side effects:

Parental declaration

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

Signature:

Date:

Relationship to child:

REQUEST TO SELF-ADMINISTER MEDICATION

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

Personal details

Name of pupil:

Contact telephone number:

Condition or illness:

Medication

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

Special storage requirements:

Date dispensed:

For how long will your child administer this medication?

Full directions for use

Dosage:

Frequency/timing:

Method:

Any particular problems with administration?

Side effects:

Parental declaration

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

Signature:

Date:

Relationship to child:

Staff training record - administration of medicines

Name of School/Setting: _____

Name: _____

Type of training received: _____

Date of training completed: _____

Training provided by: _____

Profession and title: _____

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

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested Review Date: _____

IHCP Register

Painsley Catholic College Medical Care Plans

Surname	First Name	Year	Medical Condition	photo	Discussed with School Nurse	Date Checked	Copy at reception Y/N	initials

Paracetamol consent letter and register

Dear Parent/Carer

If your child suffers from a minor medical ailment in college e.g. headache, earache, period pains etc, we are able to administer pain relief to them if we have written permission from you to do so. The school will only give a dose of paracetamol if a child complains of pain after giving the child a drink, sitting them quietly or letting them lie down for a while.

One 500mg Paracetamol (soluble or tablet) will be offered by a First Aider who will administer it. You will be informed via your child’s planner that paracetamol has been taken. This will be recorded in school.

If pupils make repeated requests for paracetamol parents/carers will be informed and the college may withdraw the availability of paracetamol if appropriate.

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

Yours sincerely

Non-prescription pain relief

Parental consent form for administration of school paracetamol 2024

This form must be completed in full and signed by the student's parent/carer.

Paracetamol must have been administered previously by the parent/carer to minimise the risk of adverse or allergic reaction to any new medication. The employee administering the medication will call the students priority contact to confirm at the time of administration. Paracetamol will not be administered without annual renewal of consent.

Student name:	
Date of birth:	
Emmaus Group:	
Medication to be administered:	Paracetamol Tablets 500mg/5ml Liquid Paracetamol
Are there any side effects that you know of that your child has to paracetamol?	
CONTACT DETAILS:	
Parent/Carer name (please print):	
Telephone number:	
Relationship to child:	
Parent/Carer signature: I confirm I am happy for my child to receive 500mg of paracetamol/5ml liquid paracetamol should they need it.	
Date:	

Contacting the Emergency Services Form – to be completed each time a 999 call is made

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

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

Incident Report Form

Name of Persons Involved and their status eg GP, teacher etc	
Date of Incident	
Describe what happened. Include the name of any medication or procedure adopted.	
In your opinion what was the main reason for the occurrence of the incident.	
Describe any ill health or injuries sustained.	
Corrective / remedial action taken	
Please attach any witness statements to this report	List any attached statements to this report here:
Outcome of the Investigation by a Senior Manager	Senior Manager to complete report here